

Mrs. Carol Leadbetter

Adlington Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 7 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was 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

The practice provides a range of NHS and private dental services for patients in and around the Chorley area.

There is a reception area waiting room, two treatment rooms, one on the ground floor and one on the first floor. There is a separate decontamination room on the ground floor.

The practice had two dentists and dental hygienist. They were supported by two dental nurses and a receptionist.

The practice is open Monday and Friday 08:30 am to 4.30pm, Tuesday to Thursday 8:30am to 5pm and Saturday 9 to 1pm.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from ten patients who all gave positive comments about the care and treatment they received at the practice.

Our key findings were:

Summary of findings

- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety and the management of medical emergencies.
- The dental practice had effective clinical governance and risk management structures in place. There were systems to monitor and continually improve the quality of the service; including through a programme of clinical and non-clinical audits.
- Premises were well maintained and a tour of the building confirmed that good cleaning and infection control systems were in place.
- There was appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. This included an automated external defibrillator. Staff had been trained to manage medical emergencies.

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand

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

- Review the electrical safety within the building to include a five yearly safety check of the electrical systems.
- Review the storage of medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems to assess and manage risks to patients. These included maintaining the required standards of infection prevention and control and responding to medical emergencies. There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. Medicines for use in the event of a medical emergency were checked to ensure they were in date and safe to use. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including, autoclaves, washer disinfectors, fire extinguishers, the air compressor, oxygen cylinder and X-ray equipment.

There was documentary evidence to demonstrate that staff had attended training in child protection and adult safeguarding procedures and understood their responsibilities in relation to identifying and reporting any potential abuse.

Are services effective?

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

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff we spoke with were aware of the impact of patients' and their family's general health and wellbeing and were proactive in providing information and support.

Are services caring?

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

We received feedback from ten patients about the care and treatment they received at the practice. The feedback were positive of the practice with patients commenting on the excellent service they received, professionalism and caring nature of the staff and ease of accessibility in an emergency.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

Are services responsive to people's needs?

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

Summary of findings

We looked at the CQC comment cards patients had completed prior to the inspection and spoke with patients on the day of the inspection. Patients were happy with the care they received and felt fully involved in making decisions about their treatment. The practice provided patients with information to enable them to make informed choices about treatment. Patients were given a copy of their treatment plan and associated costs. This gave patients clear information about the different elements of their treatment and the costs relating to them

There was level access into the building for patients with limited mobility and prams and pushchairs. There was a treatment room on the ground floor and the area was spacious enough to manoeuvre a wheelchair.

There were arrangements for dealing with any complaints and concerns raised by patients or their carers.

Are services well-led?

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

The practice identified, assessed and managed clinical and environmental risks related to the service provided. Lead roles supported the practice to identify and manage risks and helped ensure information was shared with all team members. There was a comprehensive range of policies and procedures in use at the practice which were easily accessible to staff.

There were regular team six weekly meetings where staff were given the opportunity to give their views of the service. Staff told us that they felt well supported and could raise any concerns with the practice manager.

The practice regularly sought feedback from patients conducting their own surveys and via 'family and friends' NHS surveys, in order to improve the quality of the service provided.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. Where areas for improvement had been identified action had been taken and there was evidence of repeat audits to monitor those improvements had been maintained.

Adlington Dental Practice

Detailed findings

Background to this inspection

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

We informed NHS England area team / Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

The practice sent us their statement of purpose, and details of staff working at the practice. During our inspection visit, we reviewed policy documents and staff records. We spoke with three members of staff, including principal dentist and dental hygienist. We toured the practice and reviewed emergency medicines and equipment.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a nominated person in respect of the duty of candour. The duty of candour is a legal duty on health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. This aims to help patients receive accurate, truthful information from health providers. The dentist we spoke with told us if there was an accident or incident that affected a patient they would be given an apology and informed of any actions taken to prevent a reoccurrence.

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of the principal dentist. The practice responded to and made improvements following any accidents or incidents. The practice had an incident reporting policy which included information and guidance about the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

We reviewed accidents that had taken place since the practice opened and found the practice had responded appropriately. Serious incidents were recorded, appropriately reported and action taken to minimise future risk.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The principal dentist reviewed all alerts and spoke with staff to ensure they were acted upon.

Reliable safety systems and processes (including safeguarding)

The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals in Chorley. All of the staff we spoke with were aware of their responsibility to safeguard people from abuse.

The practice followed national guidelines on patient safety. For example, rubber dams were used when carrying out root canal treatments in line with guidelines from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth).

The practice had a policy and procedure to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy directed staff to identify and risk assess each substance at the practice. There were risk assessments in place and information regarding materials used to inform staff what action to take if an accident occurred for example in the event of any spillage or a chemical being accidentally splashed onto the skin.

Medical emergencies

The practice had clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained an emergency resuscitation kit, oxygen and emergency medicines to support patients. This included a wide range of airways and face masks for adults and children.

The practice had an automated external defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The emergency drugs and equipment holdall was very well organised with drugs and equipment grouped to meet the needs of each potential emergency.

Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. First aid boxes were easily accessible in the practice.

Staff recruitment

There were clear recruitment and selection procedures in place that described the process for employing new staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The practice's policy was to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have

Are services safe?

contact with children or adults who may be vulnerable. We looked at the recruitment file of the most recently employed member of staff and found that these were all complete and that recruitment was robust.

We saw that all relevant staff had personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice) In addition there was employer's liability insurance which covered all employees working in the practice and which was valid until July 2016. The staff professional registration with the General Dental Council (GDC) was checked annually. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, cross infection, sharps, emergency medicines and equipment.

The practice carried out a number of risk assessments and kept a well maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included fire safety, health and safety and water quality risk assessments.

The practice had a comprehensive business continuity plan which described situations which might interfere with the day to day running of the practice. This included water ingress, loss of computer systems, electricity or water supplies or the closure of the premises due to fire. The plan was held of site and contained a list of contact numbers for various contractors.

Infection control

The practice had a decontamination room on the ground floor and also a 'decontamination area' based in the treatment room on the first floor. These were set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices.

The principal dentist was the infection control lead and they ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, manual cleaning, managing

waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters about good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment room and the decontamination room were visibly clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. The practice had cleaning schedules and infection control daily checks for each treatment room which were complete and up to date. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

There were hand washing facilities in the treatment rooms and staff had access to supplies of protective equipment for patients and staff members. Patients we spoke with and who completed CQC comments cards were positive about how clean the practice was.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system with colour coded sealed boxes implemented to ensure the safe movement of instruments between the treatment room and the decontamination room which minimised the risk of the spread of infection.

Staff took us through the decontamination process in both areas and were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones. The dental nurse showed us the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; and packaging and storing clean instruments. A spot check of bagged instruments showed that they were

Are services safe?

clean, free from damage and appropriately dated. Staff wore eye protection, an apron and heavy duty gloves throughout the cleaning stages. The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. The practice had two autoclaves and washer disinfector in use. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

We saw that all sharps bins were being used correctly and located appropriately. The practice operates a “safer sharps” policy to reduce the risk of injury to staff and patients. Safer syringes had been purchased and where possible sharp items are single use only. Clinical waste was stored securely for collection outside the practice in a designated area adjacent to the practice. We saw that the provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

We reviewed the last legionella risk assessment report from 2014. Actions identified had been put into place including regular water temperature testing and flushing of water lines. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease.

Equipment and medicines

We saw that the practice had an arrangement to check the portable electrical appliances (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). The most recent test was carried out in 2014. We noted however that an electrical installation such as wiring had not been completed. The dentist explained this had been an oversight and would arrange this to be conducted as soon as possible. Electrical systems have to be checked every five years to ensure safety.

There were maintenance contracts in place for the equipment such as autoclaves, washer disinfector, X-ray equipment and the air compressor. We saw evidence to show the fire system was serviced and the alarms sounded on a regular basis and staff carried out mock fire drills.

There was a system in place to ensure that staff received safety alerts from the Medicines and Health Care products Regulatory Agency and the practice manager was aware of recent alerts.

We noted that emergency medication was stored in the fridge but the fridge temperatures were not monitored to ensure safe management and storage. We discussed this with the dentist who confirmed they would review the storage of medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.

Radiography (X-rays)

The practice had in place a Radiation Protection Adviser (RPA) and Radiation Protection Supervisors (RPS). The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out. The results of the most recent audit in February 2014 confirmed they were meeting the required standards.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence that the potential benefit and/or risks of the exposure had been considered. X-rays were digital and images were stored within the patient's dental care record.

We saw that all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered provider told us that they undertook annual quality audits of the X-rays taken. We saw the results from monthly audits and the results were in accordance with the National Radiological Protection Board (NRPB). Action plans were in place to continuously improve the procedure and reduce future risks.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. The dental care records contained all the relevant detail including medical history and followed the guidance provided by the Faculty of General Dental Practice. X-rays were taken at appropriate intervals and in accordance with the patient's risk of oral disease; they were justified, graded and reported in the patient's care record. This reduced the risk of patients being subjected to unnecessary X-rays. We saw that regular patient record audits were completed and any action identified was completed.

We received feedback from ten patients comment cards; we also reviewed surveys the practice had undertaken. All the comments received reflected that patients were very satisfied with the staff, assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

Dentists were working in accordance with guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The waiting room and reception area at the practice contained various leaflets that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. A range of dental care products were available for patients to buy.

Staffing

Staff told us they were encouraged to maintain the continuous professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible

for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

New staff to the practice had a period of induction to familiarise themselves with the way the practice worked. Staff training was monitored by the provider who kept a detailed record of training. This enabled them to identify gaps in CPD and when essential training updates were due.

The practice had two dentists, dental hygienist, two dental nurses and a receptionist. The dental nurses were also trained in reception duties to ensure a flexible workforce to the service.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to local hospitals in Preston and Chorley and specialist dental services for further investigations or specialist treatment. The practice completed referral letters to ensure the specialist service had all the relevant information required. Staff were knowledgeable about following up urgent referrals, for example regarding oral cancer.

Consent to care and treatment

The dental care records we looked at contained evidence that treatments had been discussed and consent obtained.

The practice had a consent policy in place and staff were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff understood the Gillick competence test this is a method of deciding whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Are services caring?

Our findings

We looked at the CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Feedback commented on how compassionate caring and friendly way staff were at the practice. Without exception patients were positive about the practice and their experience.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Patient dental care records were stored on paper and electronically. Paper records were locked safely the office area and electronic records were password protected and regularly backed up to secure storage. Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients.

Staff told us there was a room available if patients wished to have a private conversation. During our observations we noted staff were discreet and confidential information was not discussed at reception.

Involvement in decisions about care and treatment

The practice offered mainly NHS treatments, with some private treatment available. Both sets of costs were clearly displayed in the practice. The practice provided patients with information to enable them to make informed choices about their dental care and treatment.

The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment that they felt listened to and were satisfied with the information they had received.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

The practice provided patients with information about the services they offered in the waiting room and, in the practice leaflet. We looked at the practice's electronic appointment system and found there were appointment slots each day for urgent or emergency appointments. Staff told us patients were seen as soon as possible for emergency care and this was normally the same day. The practice scheduled longer appointments with the dentist where required if a patient needed more support.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. They had completed a Disability and Discrimination Act (DDA) assessment and made adjustments, for example to accommodate patients with limited mobility. There was wheelchair access to the waiting area and to the ground

floor treatment room. Unfortunately the toilet was on the first floor, patients with mobility problems were made aware of this and the dentist undertook domiciliary visits where this was required.

Access to the service

The practice is open Monday and Friday 08:30 am to 4.30pm, Tuesday to Thursday 8:30am to 5pm and Saturday 9 to 1pm. The answerphone, practice leaflet and website provided patients with details of how to access NHS emergency out of hour's dental care when the practice was closed.

Concerns & complaints

The practice had a complaint policy and procedure in place. The procedure explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. This included NHS England and the Dental Complaints Service (for private patients).

There had been no complaints received in the past 12 months. The principal dentist explained that they would seek to resolve any complaint promptly, efficiently and ensure appropriate action was taken.

Are services well-led?

Our findings

Governance arrangements

The principal dentist and key staff led on the individual aspects of governance such as responding to complaints and managing risks. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

The practice had a proactive approach for identifying where quality or safety was being affected and addressing any issues. The practice responded to national patient safety and medicines alerts that affected the dental profession. The principal dentist reviewed all alerts and spoke with staff to ensure they were acted upon.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire, exposure to hazardous substances and medical emergencies.

There was a comprehensive range of policies and procedures in use at the practice and accessible to staff. These included guidance about quality assurance, information governance, record keeping, and incident reporting and data protection.

Leadership, openness and transparency

The practice had a duty of candour policy in place to support an open, honest and transparent culture. The duty of candour is where the health provider must always be open and transparent when mistakes occur.

Staff told us they felt valued and well supported and reported the dentists were very approachable.

We saw that the practice had six weekly meetings which were recorded. Minutes of staff minutes showed that learning was taken from concerns raised significant events, and patient and staff feedback. Meetings gave all staff an opportunity to openly share information and discuss any

concerns or issues. Staff told us this helped them keep up to date with new developments and policies. It also gave them an opportunity to make suggestions and provide feedback to the provider.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. We saw that staff had regular appraisals and were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of X-rays, patient records and infection control procedures. Where areas for improvement had been identified action had been taken, for example through discussion and training at practice meetings. There was evidence of repeat audits to monitor that improvements had been maintained.

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

The practice held regular staff meetings and annual staff appraisals had been undertaken. The meetings covered a range of issues including training updates and audit results. Staff told us that information was shared and that their views and comments were sought informally and their ideas listened to. Staff we spoke with said they could raise any concerns about the practice if they needed to.

The practice was participating in the NHS Friends and Family Test (FFT). The FFT is a national programme that enables patients to provide feedback on the services provided. We saw that the practice also conducted their own surveys. We reviewed the results and found these were positive and that the dentist had responded to suggestions/comments, for instance reviewing the access of dental services at the weekend.