

Sharma Family Ltd

Menlove Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 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 not providing well-led care in accordance with the relevant regulations.

Background

Menlove Dental Practice is located in a residential suburb and comprises a reception, waiting room, two treatment rooms, an office and staff room on the ground floor, and three treatment rooms, a decontamination room and an X-ray room on the first floor. Parking is available on nearby streets. The practice is accessible to patients with disabilities, impaired mobility and to wheelchair users.

The practice provides general dental treatment to patients of all ages on an NHS or private basis.

The practice is open Monday to Thursday 9.00am to 5.30pm and Friday 9.00am to 4.30pm and is staffed by a practice manager, six dentists, three hygienists, four receptionists, one of whom is a trainee, and ten dental nurses, two of whom are trainees.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

We received feedback from 47 people on CQC comment cards and spoke to four patients during the inspection about the services provided. Every comment was positive about the staff and the service. Patients commented that

Summary of findings

they found the staff efficient, helpful, kind and and caring. They said that they were always given good explanations about dental treatment and that dentists listened to them.

Our key findings were:

- There was a sufficient number of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and the recommended emergency medicines and equipment were available and appropriately monitored.
- Staff had received safeguarding training and knew the process to follow to raise any concerns.
- Patients' needs were assessed and care and treatment were delivered in accordance with current legislation, standards and guidance.
- Patients received explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with kindness, dignity and respect and their confidentiality was maintained.
- Patients commented that they were always able to obtain routine and emergency appointments and waiting times were kept to a minimum.
- Services were planned and delivered to meet the needs of patients and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice had a formal system in place to actively seek the views of people using the service and used this feedback to help them improve.
- The practice recorded accidents and complaints but did not record and analyse significant events.
- The practice received safety alerts but we did not see evidence of action taken in relation to these.
- Improvements were needed to the general condition and cleanliness of the practice.
- Dental X-ray equipment had not been tested within the recommended time interval and one X-ray machine was damaged.
- Some staff lacked training for undertaking their roles and support with professional development.
- Governance systems and processes were in place for the running of the practice; however several were inadequate or were not operating effectively.
- Policies, procedures and risk assessments were not reviewed and updated in line with current legislation and guidance.
- The provider did not share learning from complaints, events, concerns and audits to encourage improvement.

We identified regulations that were not being met and the provider must:

- Ensure that the practice is in compliance with its legal obligations under the Ionising Radiation Regulations 1999 and the Ionising Radiation (Medical Exposure) Regulations 2000 in relation to the maintenance and testing of X-ray equipment.
- Ensure the practice's infection control procedures and protocols are suitable having due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance, in relation to maintaining standards of hygiene appropriate for the service.
- Ensure systems or processes are established and operated effectively to ensure compliance with regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, specifically in relation to systems for recording of significant events, cleaning, recruitment, reviews of policies and risk assessments. The provider must also ensure systems are established to evaluate and improve the service.

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

- Review the training, learning and development needs of individual staff members and establish an effective process for the on-going assessment and supervision of all staff.
- Review methods to support communication to staff about the quality and safety of services.
- Review the recording of complaints to ensure verbal complaints are captured and actions and learning points are recorded.
- Implement an archived paper records storage facility which meets health and safety and fire regulations in

Summary of findings

accordance with the Department of Health's code of practice for records management (NHS Code of Practice 2006) and other relevant guidance about information security and governance.

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 after immediate action was taken as a result of this inspection. Detailed feedback was given to the provider during and following the inspection and this resulted in the provider developing and acting upon a comprehensive action plan within a short timescale to address the concerns.

The practice had systems in place for recording and investigating accidents and complaints. We saw evidence of issues in the practice which could constitute significant events but these had not been recorded.

Staff were trained in safeguarding and there were policies and procedures in place for them to follow. Staff understood their responsibilities for identifying and reporting potential abuse.

The practice had a recruitment policy and recruitment procedures in place but these were not in accordance with current regulations and the staff recruitment records we reviewed did not contain all the necessary information. There was a sufficient number of suitably qualified staff working at the practice. We saw evidence of inductions for staff.

The provider had identified and assessed risks and staff were aware of how to minimise risks, but some risk assessments needed to be reviewed and updated to take account of legislation and current guidance.

The practice had testing arrangements in place for most equipment used in the practice and we found that equipment, including medical emergency equipment, was tested at regular intervals. However three dental X-ray machines had not been tested within the recommended time interval of three years and we observed that the outer casing of one X-ray machine was damaged.

The practice had the recommended emergency medicines and equipment available, including an automated external defibrillator, (AED). [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. Staff were carrying out regular checks on the emergency medicines and equipment.

There were systems in place to reduce and minimise the risk and spread of infection and we saw evidence to show that the dental instruments were being cleaned and sterilised in accordance with current guidelines. We saw evidence of infection control training for some staff. The practice had a cleaner and a cleaning schedule was in place but the cleanliness of some areas of the premises and of some of the equipment was not meeting current guidelines.

We saw that X-rays were justified, reported on and quality assured, however auditing of the quality of the X-rays was not being carried out.

No action



Summary of findings

Are services effective?

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

Patients received an assessment of their dental needs which included assessing and recording their medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were fully explained and consented to. The practice kept detailed dental records of oral health assessments and treatment carried out, and monitored any changes in the patients' oral health. The practice provided oral health advice and guidance to patients.

Current guidelines were followed in the delivery of dental care and treatment for patients. The treatment provided for patients was evidence based and focused on the needs of the individual. Patients were referred to other services where necessary, in a timely manner.

Qualified staff were registered with their professional body, the General Dental Council. The practice maintained continuing professional development records for the dental nurses and we saw evidence that they were meeting the requirements of their professional regulator, however we did not see evidence of this for the dentists as the information was not available at the practice. We saw evidence that appraisals were carried out for dental nurses but not for the dentists.

No action



Are services caring?

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

Patients commented that staff treated them with kindness and respect and that they were happy with the care and treatment given.

We found that treatment was clearly explained and patients were provided with information regarding their treatment and oral health. Patients were given time to decide before treatment was commenced. Patients commented that the staff were professional and informative and that information given to them about options for treatment was helpful.

No action



Are services responsive to people's needs?

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

Patients had access to appointments to suit their preferences, and emergency appointments were available on the same day. Patients could request appointments by email, telephone or in person. The practice opening hours and out of hours appointment information was provided at the practice entrance and in the patient leaflet but not on the practice website. Feedback from patients on CQC comment cards confirmed that emergency and routine appointments were always available.

No action



Summary of findings

The provider had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users. The waiting room, two treatment rooms and an accessible toilet were located on the ground floor. Staff had access to interpreter services where patients required these. The practice had a system in place to identify patients' specific needs and staff were prompted to be aware of these needs or medical conditions via the use of a flagging system on the dental care records.

The practice had a complaints policy in place which was displayed in the waiting room and outlined in the practice leaflet, but not on the practice's website. Further steps which people could take should they be dis-satisfied with the practice's response to their complaint were not included in the leaflet. We saw evidence that complaints were investigated and responded to in a timely and transparent manner.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice had a management structure in place, however there was a lack of clarity in relation to management roles and responsibilities.

The provider had some systems and processes in place for monitoring and improving the services provided for patients, however the systems and processes established were not wholly adequate or operating effectively, for example, recruitment, testing arrangements for equipment and significant events.

We did not see evidence of regular review for most risk assessments and policies to ensure they were current and up to date with relevant regulations and guidance for example, the staff recruitment policy.

The provider had some arrangements in place to ensure that quality and performance were regularly considered, for example, via the analysis of patient feedback, but did not use other means to monitor quality and performance, for example, learning from complaints was not identified.

Staff were aware of the importance of confidentiality and understood their roles in this.

The practice held six monthly staff meetings however we did not see evidence to show meetings were used to support communication about the quality and safety of services or to discuss action taken as a result of concerns and complaints.

The provider had some quality assurance measures in place to encourage continuous improvement for example, infection control audits and spot checks on cleaning but we saw limited evidence that these were operating effectively.

Requirements notice



Summary of findings

The provider gathered information on the quality of care from patient feedback to assist in improving the service and we saw evidence that feedback had been acted on. We were told staff could provide feedback informally to the practice manager at any time.

Staff told us they could speak to managers if they had any concerns and managers said they operated an open door policy however, we did not see evidence that staff had reported concerns about the damaged X-ray machine.

Menlove Dental Surgery

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 17 March 2016 and was led by a CQC Inspector assisted by a dental specialist adviser.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included details of complaints they had received in the last 12 months, their latest statement of purpose, and details of their staff members including their qualifications and proof of registration with their professional body. We also reviewed information we held about the practice. The provider owned another practice in Irby. This had been inspected in February 2016.

During the inspection we spoke to the Registered Manager, Practice Manager, dentists, dental nurses and receptionists. We reviewed policies, procedures and other documents and observed procedures. We reviewed 47 CQC comment cards which we had sent prior to the inspection, for patients to complete about the services provided at the practice and spoke to four patients.

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

The practice had procedures in place to record accidents and complaints. The provider did not have arrangements in place to ensure that in the event of a significant event occurring it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence. The managers told us there had never been any significant events however we saw evidence of issues in the practice which could constitute significant events, for example, a damaged X-ray machine in use. We discussed examples of significant events which could potentially occur in a dental practice. Staff described to us events which had occurred in the practice which had not been recorded as significant events.

Staff had an understanding of the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 and were aware of how and when to report accidents and incidents. Staff had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm.

The practice manager received alerts from the Medicines and Healthcare products Regulatory Agency and Department of Health online. These alerts identify problems or concerns relating to a medicine or piece of medical equipment, including those used in dentistry, or protocols to follow for example, in the event of an outbreak of pandemic influenza. We were told that clinicians were made aware of relevant alerts by the practice manager.

Reliable safety systems and processes (including safeguarding)

The practice had a policy in place in relation to the protection of children and vulnerable adults. There were local safeguarding authority's contact details and guidance available. The provider did not have an identified lead for safeguarding to oversee safeguarding procedures within the practice but staff told us they would discuss issues with the practice manager should they arise. We saw documented evidence of training for staff in safeguarding

vulnerable adults and children within the time period specified in current guidelines. Staff we spoke to were aware of how to raise concerns and knew the process to follow.

The practice had a whistleblowing policy in place but it was not dated and there was no evidence of regular review. Staff told us if they had concerns they would initially speak to the Practice Manager.

We found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Dental care records were maintained on paper and electronically and included a medical history which was obtained and updated prior to the commencement of dental treatment and at regular intervals of care. The clinical records we saw were all well-structured and contained sufficient detail to demonstrate what treatment had been prescribed or completed, what was due to be carried out next and details of possible alternatives.

Computers were password protected and data was regularly backed up to secure storage. Screens at reception were not overlooked which ensured patients' confidential information could not be viewed at reception.

We saw evidence of how the practice followed and implemented recognised dental treatment guidance and current practice to keep patients safe, for example, the dentists told us that a dental dam was routinely used in all root canal treatments. This was documented in the dental records we reviewed where root canal treatment had been undertaken. A dental dam is a thin, rectangular sheet used in dentistry to isolate the operative site from the rest of the mouth. We also established the practice's policy and protocols for the use of endodontic equipment, and the infection control protocol for surgical procedures, such as implant placement and found the dentists were adhering to recognised guidance.

Medical emergencies

The provider had procedures in place for staff to follow in the event of a medical emergency. The practice's policy was for staff to receive basic life support training as a team and this was updated annually. Several staff confirmed they had received cardio pulmonary resuscitation training recently. Staff we spoke to were able to describe how they would deal with medical emergencies. Two of the staff were additionally trained to provide first aid.

Are services safe?

The practice had emergency medicines and equipment available and staff had access to an automated external defibrillator (AED) on the premises in accordance with the Resuscitation Council UK, British National Formulary guidelines and the General Dental Council standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. We saw records to show that the medicines and equipment were checked weekly. All medicines were within their expiry date. The practice stored emergency medicines and equipment centrally in the practice and staff were able to tell us where they were located.

Staff recruitment

The practice had a recruitment policy in place which did not reflect current regulations to ensure staff were recruited in line with requirements relating to workers' suitability for their role. We reviewed six staff recruitment records and found they did not all contain the prescribed information. We saw no photographic identification for two of the staff, and no Disclosure and Barring Service, (DBS), check for one member of staff. The provider told us they had carried out a risk assessment in relation to this member of clinical staff and did not consider a DBS check necessary. However the provider had not documented this risk assessment. We saw no evidence of qualifications for four of the six staff. We saw evidence of registration with their professional body, the General Dental Council, (GDC), for all six of the staff and evidence of indemnity insurance for all six staff. The Registered Manager told us that a lot of recruitment information for the dentists was kept at the other practice.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. There was often a spare nurse available and the practice manager was additionally a qualified dental nurse and able to provide cover for unexpected absences.

The practice had an induction programme in place. Clinical staff confirmed to us that they had

received an induction when they started work at the practice. The most recent member of staff described the induction process and we saw records of this.

Monitoring health and safety and responding to risks

We saw evidence to show that the provider had anticipated and planned for some risks to the service and put in place some control measures to minimise these risks.

The practice had a health and safety inspection carried out in 2013 by an external agency and we saw the report from this. The report identified that a number of policies and procedures were not in place, for example, emergency procedures, manual handling and portable appliance testing. We saw that in response the practice had put an overarching health and safety policy in place underpinned by a range of policies and procedures. Most of these had not been reviewed by the review dates identified.

The provider had put in place a range of risk assessments to identify, assess, and manage risks at the practice but these were basic in detail, not dated and not reviewed regularly.

We saw evidence of a control of substances hazardous to health risk assessment. The practice had procedures in place to assess the risks from substances in accordance with the Control of Substances Hazardous to Health Regulations 2002 and maintained a file containing details of products in use at the practice, for example, chemicals used for dental treatment. The practice retained the manufacturers' data sheets to inform staff what action to take in the event of a chemical spillage, accidental swallowing or contact with the skin. Measures were identified to reduce risks, for example, the use of personal protective equipment for staff and patients, and secure storage of chemicals.

We saw evidence that the practice had carried out a sharps risk assessment and put in place some measures to reduce the risks associated with sharps, for example, the practice had a sharps policy in place, had implemented a safer sharps system to dispose of used needles, and we saw documented evidence in six staff records we reviewed demonstrating that staff had received a vaccination to protect them against the Hepatitis B virus and evidence of its effectiveness in four out of six clinical staff. People who are likely to come into contact with blood products and are at increased risk of injuries from sharp instruments should receive this vaccination to minimise the risks of acquiring blood borne infections. However the sharps policy did not detail arrangements for the dismantling and disposal of sharps, or procedures to follow in the event staff did not respond effectively to the Hepatitis B vaccine. The provider planned to address this immediately. The practice had

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procedures in place to follow in the event of a sharps injury. The policy and procedures were displayed in the treatment rooms for quick reference. Staff were familiar with them and able to describe the action they would take should they sustain an injury. We saw recorded evidence of one sharps injury to a member of staff and noted that action taken was in line with the policy and recognised guidance.

The provider had carried out a fire risk assessment in 2013 and we saw evidence of this. The assessment review date was recorded as 2014 but we were told it had not been reviewed since it was done. The practice planned to contract an independent fire safety agency to carry out a new risk assessment and the provider arranged for this whilst we were present. The provider had arrangements in place to manage and mitigate the risks associated with fire, for example, some of the staff had received training in fire marshalling, safety signage was displayed, fire-fighting equipment was available and staff had attended training in the evacuation procedure but we did not see any evidence that fire drills were regularly carried out. Staff we spoke to told us the last fire drill was approximately two years ago, however they knew the procedures to follow in the event of a fire.

The practice had a business continuity plan in place in order to minimise the risks associated with, and to be able to respond to and manage, disruptions and developments. Staff were able to discuss examples of potential disruptions. The practice maintained a master list of contact details for service engineers, contractors and staff for reference in the event of disruptions. Staff had received training in the business continuity plan.

Infection control

The practice had an overarching infection control policy in place underpinned by policies and procedures which detailed decontamination and cleaning tasks. Procedures were displayed in appropriate areas such as the decontamination room and treatment rooms for staff to refer to.

One member of staff had a lead role for infection prevention and control.

The practice undertook infection control audits six monthly and we saw evidence of these.

We observed that there were adequate hand washing facilities available in the treatment rooms, the decontamination room, and in the toilet facilities. Hand washing protocols were displayed appropriately near hand washing sinks.

We observed the decontamination process and found it to be in accordance with the Department of Health's guidance, Health Technical Memorandum 01-05 Decontamination in primary care dental practices, (HTM 01-05). The practice had a dedicated decontamination room. The decontamination room and treatment rooms had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff used sealed boxes to transfer used instruments from the treatment rooms to the decontamination room. Staff followed a process of cleaning, inspecting, sterilising, packaging and storing of instruments to minimise the risk of infection. Packaged instruments were dated with an expiry date in accordance with HTM 01-05 guidance. Staff wore appropriate personal protective equipment during the decontamination process.

We observed that instruments were stored in drawers in the treatment rooms. We looked at the packaged instruments in the treatment rooms and found that packages were sealed and marked with an expiry date which was within the recommendations of the Department of Health.

Staff showed us the systems in place to ensure the decontamination process was tested and decontamination equipment was checked, tested and maintained in accordance with the manufacturer's instructions and HTM 01-05, and we saw records of these checks and tests.

Staff changing facilities were available and staff wore their uniforms inside the practice only.

The practice had had a recent Legionella risk assessment carried out to determine if there were any risks associated with the premises. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Assessments were carried out annually. Actions were identified in the assessments and these had been carried out, for example, we saw records of checks and testing on water outlet temperatures, which assists in monitoring the risk from Legionella. The dental water lines and suction unit were cleaned and disinfected daily, in

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accordance with guidance to prevent the growth and spread of Legionella bacteria. We observed in one of the treatment rooms that the neck of the water bottle which supplied water for the dental unit equipment was dirty.

The treatment rooms had sufficient supplies of personal protective equipment for staff and patient use.

The practice had an environmental cleaning policy and procedures in place. Cleaning was the responsibility of a cleaner and the dental nurses. The dental nurses were responsible for the cleaning of the clinical areas. The practice had a cleaning schedule in place identifying tasks to be completed, daily, and monthly and a spot checklist to assist in quality assuring the cleaning. The practice used a colour coding system to assist with cleaning risk identification in accordance with National specifications for cleanliness : primary medical and dental practices, issued by the National Patient Safety Agency. Equipment used for cleaning the premises was not stored suitably in line with current guidelines.

The treatment rooms were partially carpeted and the carpeting was damaged and stained in all the treatment rooms, however the provider told us there were plans to remove the carpeting. We observed a number of areas in which the practice was visibly dirty and dusty or where there was some debris or damage, which could potentially compromise infection control, for example, the area around the skirting board in one of the treatment rooms was dirty with dust and debris, and the bracket top of the dental unit in an upstairs surgery. We observed mould on a wall in one of the ground floor treatment rooms. The provider told us they planned to rectify this in four weeks time. We observed some items of ancillary equipment to be dusty and dirty, for example, boxes containing specialist dental equipment and a container used to transport instruments for decontamination. Debris was visible on the container and the container identification label was dirty and peeling off. We observed evidence of a dried spillage beside the X-ray developing machine and staining around the adjacent sink. The coating on the dental chair base in one of the treatment rooms was damaged and sections had peeled off, and the sealant adjacent to the dental worktops in the treatment rooms was cracked and deficient. The registered manager was made aware of these findings on the day of the inspection and they were

also formally notified of our concerns after the inspection. They were given an opportunity to put forward an action plan with remedial timeframes as to how the risks could be reduced to ensure patient safety.

The segregation, storage and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. We observed that clinical waste awaiting collection was stored securely. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Spillage kits were available for contaminated spillages.

Equipment and medicines

We saw evidence that the provider had systems, processes and practices in place to protect people from the unsafe use of materials and medicines, and from most of the equipment used in the practice.

Staff showed us contracts for the maintenance of equipment, and recent test certificates for the decontamination equipment and the air compressor. We observed from previous test certificates that the X-ray machines were identified as due for testing in October 2015 but this had not been carried out.

The practice carried out regular current portable appliance testing, (PAT). PAT is the name of a process under which electrical appliances are routinely checked for safety.

We saw records to demonstrate that fire detection and fire-fighting equipment, for example, fire extinguishers was regularly tested.

We saw that the practice was storing NHS prescription pads securely and in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. A prescription log was maintained in each treatment room and all prescriptions were accounted for, including void prescriptions. Private prescriptions were printed out when required following assessment of the patient. The practice dispensed antibiotics and staff monitored the storage conditions and expiry dates of these.

Radiography (X-rays)

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor.

Are services safe?

We saw that the Health and Safety Executive had been notified of the use of X-ray equipment on the premises.

We saw a critical examination pack for the X-ray machines, however routine testing and servicing of the intra-oral X-ray machines had not been carried out in accordance with the current recommended maximum interval of three years.

We observed that the last servicing record for all three intra oral X-ray machines identified the next date for testing as October 2015. We observed that the outer casing of the X-ray machine in the X-ray room was cracked and split. We were informed the machine was in regular use and a repair and test had not been arranged. The registered manager was made aware of these findings on the day of the inspection and they were also formally notified of our concerns after the inspection. They were given an opportunity to put forward an action plan with remedial timeframes as to how the risks could be reduced to ensure patient safety.

The last test report for the OPG X-ray machine identified actions to be taken which had not been carried out. The

test report recommended changing the position of the isolation switch for the machine to a safer position. The isolation switch allows the equipment to be switched off immediately in the event of an emergency or failure of the equipment. This work had not been carried out and the manager was unaware of this recommendation.

We observed that local rules were displayed in areas where X-rays were carried out. Dental care records confirmed that X-rays were justified, reported on and quality assured in accordance with IR(ME)R, current guidelines by the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines but the provider did not regularly audit the quality of the X-ray images as required by the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

The provider did not provide us with any documented evidence of recent radiology training for relevant staff in accordance with IR(ME)R requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with current National Institute for Health and Care Excellence guidelines, Faculty of General Dental Practice (FGDP), guidelines, the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' and General Dental Council guidelines. The dentists described to us how examinations and assessments were carried out. Patients completed a medical history questionnaire which included detailing health conditions, medicines being taken and allergies, as well as details of their dental and social history. The dentists then carried out a detailed examination. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the examination the diagnosis was discussed with the patient and treatment options and costs explained. Patients confirmed in CQC comment cards that treatment options were discussed with them. Follow-up appointments were scheduled to individual requirements.

Details of the treatments carried out were documented and specific details of medicines used in the dental treatments were recorded. This would enable a specific batch of a medicine to be traced to the patient in the event of a safety recall or alert in relation to a medicine. We checked dental care records to confirm what was described to us and found that the records were complete, clear and contained sufficient detail about each patient's dental treatment. The dental care records adhered to the FGDP guidance. We saw patients' signed treatment plans containing details of treatment and associated costs. The dentists confirmed to us that appointment lengths could be adjusted to allow more time, for example, when treating an anxious patient.

We saw evidence that the dentists used current National Institute for Health and Care Excellence Dental checks: intervals between oral health reviews, guidelines to assess each patient's risks and needs and to determine how frequently to recall them.

Health promotion and prevention

The practice adhered closely to guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when

providing preventive oral health care and advice to patients. This is used by dental teams for the prevention of dental disease in primary and secondary care settings. Tailored preventive dental advice and information was given to the patients in order to improve oral health outcomes for them. This included dietary advice and advice on general dental hygiene procedures. Where appropriate, fluoride treatments were prescribed. Adults and children attending the practice were advised during their consultation of steps to take to maintain good oral health. Tooth brushing techniques were explained to them in a way they understood. The dental care records we observed confirmed this. Information in leaflet form was also available in the waiting room in relation to improving oral health and lifestyles, for example, smoking cessation.

Staffing

We saw some evidence to show that staff had the skills, knowledge and experience to deliver effective care and treatment.

All qualified dental care professionals are required to be registered with the General Dental Council (GDC), in order to practice dentistry. To be included on the register dental care professionals must be appropriately qualified and meet the GDC requirements relating to continuing professional development (CPD). We saw evidence that the qualified dental care professionals were registered with the GDC.

The GDC highly recommends certain core subjects for CPD, such as cardio pulmonary resuscitation (CPR), safeguarding, infection control and radiology. The provider told us the dentists maintained their own CPD. Checks to ensure dentists were up to date with their CPD were not carried out by the practice. The Practice Manager maintained CPD records for the dental nurses. We reviewed some of these records and found these contained a variety of CPD, including the core GDC subjects, and a wide range of other subjects demonstrating that they were meeting the requirements of their professional registration.

Reception staff we spoke to gave examples of recent training received, for example, in safeguarding, cardio pulmonary resuscitation and information governance.

The lead member of staff for infection prevention and control had not received infection control training for a considerable time.

Are services effective?

(for example, treatment is effective)

New staff and trainees undertook a programme of training and supervision before being allowed to carry out any duties at the practice unsupervised.

The practice carried out staff appraisals twice yearly, however dentists were not appraised. The provider told us that informal discussions took place with the dentists but these were not recorded. We reviewed three dental nurses' employment records and saw documented evidence of appraisal for one dental nurse. We noted the appraisal was a two way process with actions identified. Staff confirmed appraisals were used to identify training needs, for example one nurse had attended an implantology course and another a radiology course which the practice had funded.

Working with other services

The practice had effective arrangements in place for referrals. The dentists referred patients to a variety of secondary care and specialist options where necessary, for example for orthodontic treatment. The dentists were aware of their own competencies and knew when to refer patients requiring treatment outwith their competencies. Urgent referrals were made in line with current guidelines. We saw evidence that referrals were logged and tracked.

Information was shared appropriately when patients were referred to other health care providers.

Consent to care and treatment

The dentist described how they obtained valid informed consent from patients by explaining their findings to them and keeping records of the discussions. Patients were given a treatment plan after consultations and assessments, and prior to commencing dental treatment. The patient's dental care records were updated with the proposed treatment once this was finalised and agreed with the patient. The

signed treatment plan and consent form were retained in the patients' dental care records. The form and discussions with the dentist made it clear that a patient could withdraw consent at any time and that they had received an explanation of the type of treatment, including the alternative options, risks, benefits and costs.

The dentists described how they obtained verbal consent at each subsequent treatment appointment. We saw evidence confirming this in the dental care records. Treatment costs were displayed in the reception area but not in the practice leaflet and only private fees were displayed on the practice website. Information on dental treatments was available in the waiting room and on the practice website to assist patients with treatment choices.

The dentists explained that they would not normally provide treatment to patients on their first appointment unless they were in pain or their presenting condition dictated otherwise. The dentists told us they allowed patients time to think about the treatment options presented to them.

The dentists told us they would generally only see children under 16 who were accompanied by a parent or guardian to ensure consent was obtained before treatment was undertaken. The dentists demonstrated an understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).

The Mental Capacity Act 2005, (MCA), provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff we spoke to had an awareness of the MCA.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Feedback given by patients on CQC comment cards demonstrated that patients felt they were always treated with kindness and respect, and staff were friendly, caring and helpful. The practice had a separate room available should patients wish to speak in private. The treatment rooms were situated away from the main waiting area and we saw that the doors were closed at all times when patients were with the dentists. Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Several patients confirmed this in CQC comment cards.

We observed staff interacting with patients in a caring manner.

Involvement in decisions about care and treatment

The dentist discussed treatment options with patients and allowed time for patients to decide before treatment was commenced. We saw this documented in the dental care records. CQC comment cards we reviewed told us treatments were always explained in a language patients could understand. Patients commented that they were listened to. Patients confirmed that treatment options, risks and benefits were discussed with them and that they were provided with helpful information to assist them in making an informed choice.

Patients commented that the staff were professional and informative.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw evidence that services were planned and delivered to meet the needs of people.

The practice premises was spacious. There was one toilet on the premises which staff and patients shared.

The practice tailored appointment lengths to patients' individual needs and patients could choose from morning or afternoon appointments. Patient feedback on CQC comment cards confirmed that it was always easy to obtain a routine or emergency appointment. Patients had a choice as to which dentist they saw.

The practice captured social and lifestyle information on the medical history forms completed by patients. This enabled the dentists to identify any specific needs of patients and direct treatment to ensure the best outcome was achieved for the patient. Staff were prompted to be aware of patients' specific needs or medical conditions via the use of a flagging system on the dental care records which helped them treat patients individually.

The provider had a system in place to gather the views of patients. Staff told us that patients were always able to provide verbal feedback and this was captured by the practice. We saw that the practice had carried out structured documented patient feedback in 2011 and 2014, for example, a comprehensive patient survey had been carried out seeking views on all areas of the service delivery.

The NHS Dental Services patient survey, provided the following information:-

- 100% of patients surveyed were satisfied with the dentistry they had received at the practice, based on 10 responses, compared with 93.8% for England overall
- 90% of patients surveyed were satisfied with the time they had to wait for an appointment based on 9 responses, which was comparable to the overall figure for England.

The NHS Dental Services patient survey is carried out by the NHS to monitor the quality and integrity of NHS dental services.

Tackling inequity and promoting equality

The provider had taken into account the needs of different groups of people, for example, people with disabilities, impaired mobility, and wheelchair users and had carried out a Disability Discrimination Act audit. The practice was located in a converted residential property. Both entrances to the practice were accessible to people with disabilities and impaired mobility and to wheelchair users. Parking was available on nearby streets.

The waiting room, reception and toilet were situated on the ground floor and there were treatment rooms on the ground floor which were accessible. Staff told us they offered interpretation services to patients whose first language was not English and to patients with impaired hearing via the use of type talk and language line.

The practice made provision for patients to arrange appointments by email, telephone or in person. Patients could choose to receive appointment reminders by text and patients commented positively on this in CQC comment cards. Where patients failed to attend their dental appointments staff contacted them to re-arrange appointments where possible and to establish if the practice could assist by providing adjustments to enable patients to receive their treatment.

Access to the service

We saw evidence that patients could access treatment and care in a timely way. The practice opening hours and out of hours appointment information were displayed at the entrance to the practice, provided in the practice leaflet but not displayed on the practice website. Emergency appointments were available daily and patients confirmed on CQC comment cards that they were always able to obtain an emergency appointment.

Concerns and complaints

The practice had a complaints policy and procedure which was available in the waiting room and outlined in the practice leaflet, but was not displayed on the practice's website. However the leaflet did not provide details of further steps people could take should they be dissatisfied with the practice's response to their complaint.

We saw that the practice had investigated complaints thoroughly and responded appropriately. We saw evidence of openness and transparency in the practice's responses to complaints and evidence that staff provided help and support to people wishing to complain.

Are services well-led?

Our findings

Governance arrangements

The practice had a management structure in place, however there was a lack of clarity in relation to management roles and responsibilities. The managers lacked access to suitable supervision support and training in order to undertake their role effectively. Staff reported that the practice manager was approachable and helpful. No management meetings were held but the Practice Manager told us the Principal Dentist could be contacted if required.

The provider had some systems and processes in place for monitoring and improving the services provided for patients, however the systems and processes established were not wholly adequate or operating effectively, for example, the recruitment process, the recording of significant events and the process to ensure all staff were up to date with their continuing professional development and met the requirements of their professional regulator.

The provider had some arrangements in place to ensure risks were identified, understood and managed, for example, the provider had carried out some risk assessments and put in place a number of policies and procedures in order to mitigate these risks. However we did not see evidence of regular review for most risk assessments and policies to ensure they were current and up to date with relevant regulations and guidance for example, the staff recruitment policy.

The provider had some governance arrangements in place to ensure that quality and performance were regularly considered, for example, via the analysis of patient feedback, but did not use other means to monitor quality and performance, for example, no analysis of significant events was carried out, learning from complaints was not identified, and auditing beyond the mandatory infection control audits was not used.

The provider did not monitor dentists continuing professional development to ensure staff were meeting their professional standards and had no overall practice training plan in place to support staff to meet their professional standards, particularly in relation to mandatory core training.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained electronically and on paper. All computers were password protected and the computer was backed up daily. Dental care records for current patients were securely stored, however archived records were stored in a temporary structure.

Leadership, openness and transparency

Staff told us they could speak to managers if they had any concerns and managers said they operated an open door policy however, we were told that staff had not raised any concerns about the damaged X-ray machine. Staff told us it had been damaged for several months.

Managers were open about the practice governance arrangements and we saw evidence of transparency, for example, in the practice's complaints procedures.

The practice held six monthly staff meetings to support staff communication in the practice, however we did not see evidence to show meetings were used to support communication about the quality and safety of services or to discuss action taken as a result of concerns and complaints. We saw the minutes from the meeting in January 2015. Items discussed included, for example, training availability for staff and clinical issues.

Learning and improvement

The provider carried out some quality assurance measures to encourage continuous improvement for example, infection control audits and spot checks on the cleaning of the premises, however we did not see evidence to demonstrate that the auditing process was functioning well as actions were not identified where required, despite the audit score indicating the practice was not fully compliant. We saw the most recent infection control audit from October 2015 and observed some answers were incorrect, for example, the audit identified that a risk assessment was available in relation to Hepatitis B non-responders but the provider told us there was no such risk assessment in place. Most policies and procedures were not audited for their effectiveness, except the cleaning policy which we were told was audited by the use of spot checks, however these failed to identify several sub-standard areas.

Are services well-led?

The provider gathered information on the quality of care from patient feedback to assist in evaluating and improving the service.

Staff told us that learning from complaints, incidents, audits and feedback was not discussed at staff meetings to inform and improve future practice. Written complaints received by the practice were recorded but learning and action from them were not. Verbal complaints were dealt with immediately by the Practice Manager but not recorded to monitor trends.

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

We saw evidence to show that people who use the service and staff were engaged and involved. The practice had a

system in place to seek the views of patients about all areas of service delivery and we saw that feedback from the last surveys in 2011 and 2014 had been acted on, for example, patients had requested a water dispenser and more leaflets in the waiting room and these had been provided. The NHS Family and Friends Test forms were available in the waiting room for patients to indicate how likely they were to recommend the practice.

The Practice Manager told us that suggestions for improvements to the service were listened to and acted on for example, the introduction of electronic tablets for patients to check and update their information. We were told staff could provide feedback to the Practice Manager at any time.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had established some systems and processes to enable him to assess, monitor and improve the quality and safety of the services provided, however the systems and processes were not wholly adequate or operating effectively.</p> <ul style="list-style-type: none">• The provider did not have a system in place to record significant events.• The provider had systems and processes in place for cleaning, but these were not operating effectively. Some areas of the premises and some equipment were dirty.• The recruitment process was not operating effectively; the policy did not reflect the Schedule 3 requirements and not all information was available in relation to staff employed.• The system for ensuring all staff were up to date with CPD was not adequate. The provider checked and retained CPD details for nurses but not for dentists. <p>The provider had established some systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others but they were not wholly adequate or operating effectively.</p> <ul style="list-style-type: none">• The provider did not regularly review most risk assessments and policies.• The provider had carried out some risk assessments and put in place a number of control measures in order

Requirement notices

to mitigate these risks but had not considered all reasonably practical measures, for example, the sharps policy and risk assessment did not detail arrangements for the dismantling and disposal of sharps, or procedures to follow in the event of staff who did not respond effectively to the Hepatitis B vaccine, and fire drills were not regularly carried out.

The provider did not have effective systems or processes in place to evaluate and improve the practice in respect of the processing of information in paragraph 17(2).

- The provider had established a system to gather patient feedback to monitor quality and safety of the service, but other means to monitor quality and performance were not in use, for example, no analysis of significant events was carried out, learning from complaints was not identified, auditing beyond the mandatory infection control audits was not carried out. Actions and learning points were not identified in infection control audits.

Regulation 17 (1)