

Mr. Nadeem Arif

Mile Lane Dental Practice

Inspection report

Mile Lane Health Centre
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Overall summary

We carried out this announced comprehensive inspection on 15 August 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

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

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

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available but the storage and accessibility of these should be reviewed.
- The practice had systems to manage risks for patients, staff, equipment and the premises. The inspection highlighted some minor risks in relation to hazardous substances and responding to incidents.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation. The practice should review the process to ensure a Disclosure and Barring Service check can be evidenced at the point of employment.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Mile Lane Dental Practice is in Bury, Lancashire and provides NHS and private dental care and treatment for adults and children.

The practice is in a single-storey health centre co-located with GP and physiotherapy services. The health centre is fully accessible to people who use wheelchairs and those with pushchairs. There is a car park including dedicated parking for disabled people.

The dental team includes 3 dentists, one of which is a locum dentist and 3 dental nurses, one also has manager responsibilities, and one is a trainee. The dental nurses also have reception and administrative duties. The practice has 2 treatment rooms.

During the inspection we spoke with 2 dentists and 2 dental nurses. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Wednesday 9am to 6pm

Thursday 8.30am to 6pm

Friday 8.30am to 2.30pm

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

- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK).

Summary of findings

- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are used in line with manufacturer's instructions.
- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Improve the practice's recruitment policy and procedures to ensure pre-employment checks are carried out and evidenced for all staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Are services safe?

Our findings

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

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

The practice had safeguarding processes, staff received training and knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. We highlighted some minor improvements that could be made in terms of ensuring fans in clinical areas are cleaned and unsealed flooring is highlighted to the building managers.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. A risk assessment had been carried out by the building managers. We highlighted the dental practice should seek assurance from the building manager that recommendations made in this report were acted on.

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

The practice appeared clean and tidy and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation. We noted that Disclosure and Barring Service (DBS) checks were not carried out or risk assessed for 2 members of staff. We discussed with the provider that DBS checks or an adequate risk assessment should be undertaken at the point of employment to ensure the employee is suitable to work with children and vulnerable adults.

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

A building management contractor was responsible for ensuring that facilities and equipment were maintained in accordance with regulations, including electrical and gas appliances. The practice manager attended building user group meetings to ensure the safety and suitability of the premises and equipment. Staff were clear on how to report any faults or concerns.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines should be reviewed to ensure these are accessible to staff in accordance with national guidance. We saw weekly checking processes which ensured replacement items were ordered in advance of expiry dates.

- There was an automated external defibrillator for the building. This was kept in a locked room and staff did not know the keycode to access it when the room was unoccupied.

Are services safe?

- Expired needles, syringes and airways were not always removed from the kit when replacements were obtained.
- Glucagon, which is required in the event of severe low blood sugar, was kept refrigerated but the temperature of the fridge was not monitored to ensure it was in the accepted range.
- We noticed staff struggled to locate oxygen masks and had to move other items of equipment to access the oxygen and emergency medicines.

We highlighted the importance the emergency kit being immediately accessible for staff in the event of a medical emergency. After the inspection staff confirmed the defibrillator had been relocated, checking processes had been improved and refrigerator temperature checking was now carried out.

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

Safety data sheets were obtained for substances that are hazardous to health. Risk assessments had not been carried out to minimise the risk that harm could be caused using these. We highlighted a hazardous substance used to ensure the cleanliness of dental unit waterlines was not being used in line with manufacturer's instructions. We signposted them to the manufacturer's guidance to support its correct use. After the inspection, staff told us they were in the process of assessing hazardous substances and dental unit waterline cleaner was now used appropriately.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. NHS prescription pads were held securely, and logs were in place to prevent fraudulent activity. We noted 3 occasions where the log was not completed and discussed the importance of maintaining this log to quickly identify any missing prescriptions.

Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to report incidents and accidents. Evidence could not be shown that 2 recent sharps incidents were reviewed and investigated to ensure the individuals affected were risk assessed and received the appropriate testing and treatment or show any learning from these events to prevent reoccurrence.

The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

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

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

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

We saw that staff were welcoming, friendly and helpful with patients and patient feedback reflected this. Patient feedback comments included the dentist explaining everything to be done and the professionalism of staff.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The health centre had installed closed-circuit television to improve security for patients and staff. Relevant signage was in place to inform patients and visitors.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentist explained the methods they used to help patients understand their treatment options. These included photographs, study models and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The premises were fully accessible and the practice had made reasonable adjustments. Staff had carried out a disability access audit and kept this under review to continually improve access for patients. We signposted them to disability and autism awareness training, and additional resources to support them to meet the needs of these patients.

Timely access to services

The practice displayed its opening hours and provided information on the premises and website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs informally, during annual appraisals and clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

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

We saw there were processes for managing risks, issues and performance. The inspection highlighted some areas where improvements should be made. In particular, following up after incidents, risk assessment and the correct use of hazardous substances, and medical emergency arrangements. After the inspection the provider confirmed these issues were being addressed.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate. There were 8 NHS Friends and Family Test reviews for July 2023. 100% of these said they were extremely likely to recommend the service.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. The manager carried out audits of antimicrobial prescribing, but the clinicians were not aware of this. We discussed the importance of their involvement in this process and signposted the practice manager to nationally approved guidance and audit tools to support this process.