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Levenshulme Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 20 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. We did not receive any information of concern from them.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Levenshulme Dental Practice is in Manchester and provides NHS and private treatment to adults and children.

There is level access to the reception and surgery for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice. The toilet is located on the first floor and is not accessible to wheelchair users. Arrangements are in place to provide access at a neighbouring business.

Summary of findings

The dental team includes two dentists, two dental nurses, one of whom is a regular locum nurse, a part time business manager and a part time administrative staff member. The practice has one treatment room. The dental nurses also cover reception.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 19 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, both dental nurses and the part time administrative staff member. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday and 9am-6pm

Tuesday and Thursday 9am-5pm

Friday 9am-2pm

Our key findings were:

- The practice had recently been refurbished and was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Improvements were needed to the checking of medicines and life-saving equipment available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures and process to check locum staff.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the 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.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the storage of dental care records to ensure they are stored securely.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

The practice had systems to identify and manage potential risks. Minor improvements could be made relating to Legionella and the use of sharps.

Systems to receive national patient safety and medicines alert from the Medicines and Healthcare Products Regulatory Authority (MHRA) could be improved.

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

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

The arrangements for dealing with medical and other emergencies could be improved. Immediate action was taken on the inspection day.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as caring, thorough and professional.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

The dentist liaised with the locality oral health promotion team and visited local schools to provide targeted oral health education and advice.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 20 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, caring and professional. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

The storage of dental care records could be improved to ensure they are stored securely.

Are services responsive to people's needs?

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

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

Text messages were used to confirm appointments and staff told us that they telephoned all patients to remind them of their appointment. Patients commented that they appreciated the personal approach taken by the practice.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The bathroom was not accessible to wheelchair users but alternative arrangements were in place.

Staff could speak Punjabi and Urdu and the practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

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

No action



Are services well-led?

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

On the day of the inspection the practice were open to feedback and took immediate action to ensure patient safety, address the concern raised during the inspection and provide evidence to confirm that action had been taken in relation to the emergency equipment.

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

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action





Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice had received the most recent national patient safety and medicines alert from the Medicines and Healthcare Products Regulatory Authority (MHRA). The alert was discussed with staff, acted on and stored for future reference. We noted that a relevant alert relating to Glucagon had not been received and acted upon. The inspector alerted the principal dentist on the day of the inspection, the Glucagon was checked to ensure it was not affected by the alert. The practice manager gave assurance that they would register to ensure that all future alerts are received, acted upon and retained for reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency medicines and an Automated External Defibrillator (AED) were available as described in recognised guidance. Staff carried out three monthly checks and kept records of their checks to make sure these were available and within their expiry date. The emergency oxygen was replaced in March 2017 but on the day of the inspection the cylinder was empty and staff were not aware. Immediate action was taken to obtain a new oxygen cylinder, the practice cancelled patients as a precaution until the new oxygen was delivered the following morning. We noted that oropharyngeal airways and self-inflating oxygen masks were not available and syringes had expired. These were immediately ordered and the practice gave assurance that a new process for checking the AED and oxygen daily and the medicines weekly would be implemented. Glucagon, which is required in the event of severe hypoglycaemia or low blood sugar, was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions. The principal dentist was able to identify the date of purchase and the expiry date was adjusted on the inspection day.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at staff recruitment files. These showed the practice followed their recruitment procedure. The practice regularly used a locum dental nurse agency when they were short staffed. The practice ensured that locums could show evidence of dental nurses' identification, immunity status, qualifications, references and indemnity.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.



Are services safe?

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

A risk assessment had not been undertaken for the safe use of sharps (needles and sharp instruments). We discussed this with the principle dentist who gave assurance that this would be reviewed and risk assessed more thoroughly. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where necessary in order to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

A Legionella risk assessment had been carried out in May 2016 and the practice had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the dental unit water lines, in line with a risk

assessment. Staff had received Legionella awareness training and the quality of the water in the practice was regularly tested but the recommendation for staff to carry out monthly water temperature testing had not been implemented. We discussed this with the principal dentist who gave assurance that this would be put in place.

The practice had refurbished the surgery, decontamination room and reception/waiting area. We saw cleaning schedules for the premises. The practice was clean when we inspected and cleaning equipment was stored appropriately. Patients commented positively on the improvements made and confirmed the practice was always clean.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

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

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

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

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



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

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

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children where appropriate.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The dentist told us they liaised with the locality oral health promotion team and visited local schools to provide targeted oral health advice, apply fluoride varnish where appropriate and encourage families to attend the dental practice.

Staffing

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

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

Working with other services

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

Consent to care and treatment

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

Nervous patients said staff were compassionate and understanding and two patients commented that they were no longer nervous of coming to the dentist.

The layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. The paper records currently in use were stored securely but archived records were not. We discussed this with the principal dentist who gave assurance that these would be relocated to lockable filing cabinets.

There were magazines and a television in the waiting room. Information folders, patient survey forms and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

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

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and were not kept waiting or felt rushed.

Patients could choose to receive text messages to confirm appointments and staff told us that they telephoned all patients to remind them of their appointment and patients commented that they appreciated the personal approach taken by the practice.

Tackling inequity and promoting equality

The practice did not have a disability access assessment but some reasonable adjustments had been made for patients with disabilities. These included step free access to the reception area with a lowered reception desk and hand rails upstairs to the bathroom. The bathroom was not accessible to wheelchair users but arrangements were in place for patients to use the accessible facilities at a neighbouring business.

Staff said they could provide information in different formats and languages to meet individual patients' needs. Staff could speak Punjabi and Urdu and they had access to interpreter/translation services which included British Sign Language.

Access to the service

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

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

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

Concerns & complaints

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

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them or the business manager in person to discuss these. Information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns was available, we asked the practice to ensure the contact information was up to date.

We looked at comments and compliments the practice received in the past 12 months, during which time they had not received any complaints. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.



Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management, clinical leadership and day to day running of the service with support from a business manager. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

Leadership, openness and transparency

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

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

The practice held weekly discussions where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

On the day of the inspection the practice were open to feedback and took immediate action to ensure patient

safety, address the concern raised during the inspection and provide evidence to confirm that action had been taken. They demonstrated a commitment to investigate the circumstances of the issues with the emergency oxygen to prevent reoccurrence. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The employed dental nurse had quarterly appraisals and personal development plans were in place. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. The regular locum dental nurse told us that the practice involved them in practice discussions and they felt part of the team.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. Staff told us that the practice had discussed ideas to renovate and improve the practice with patients before work took place to take their views into consideration.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.