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Poulton Road Dental Clinic

Inspection Report

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Overall summary

We carried out this announced inspection on 13 June 2018 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Poulton Road Dental Clinic is in the centre of Wallasey and provides NHS and private dental care and treatment for patients of all ages.

There is level access to facilitate entrance to the practice for people who use wheelchairs and for pushchairs. Car parking is available near the practice.

The dental team includes two dentists, three dental nurses, one of whom is a trainee, a dental hygienist, and a patient treatment co-ordinator. The dental team is supported by a practice manager. The practice has three treatment rooms.

The practice is owned by an individual. 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.

Summary of findings

We received feedback from 18 people during the inspection about the services provided. The feedback provided was positive about the practice.

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

The practice is open:

Monday to Wednesday 9.00am to 6.15pm

Thursday and Friday 9.00am to 5.15pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The provider had some systems in place to manage risk. We found that further action could be taken to reduce some of these risks.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- The provider had staff recruitment procedures in place. Some of the required information was not available.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively.
- The practice had a leadership and management structure and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.

- The practice asked patients and staff for feedback about the services they provided.
- The provider had information governance arrangements in place.

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

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, ensure all actions from the Legionella risk assessment have been completed, ensure an induction process is in place for all new staff, ensure appropriate risk assessments are in place for all clinical staff where immunity to the Hepatitis B vaccination is low or unknown, and ensure the practice takes account of current guidance relating to infection prevention and control.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice and that accurate, complete and detailed records are maintained for all staff.
- Review the practice's protocols for assessing patients' dental care and treatment needs, and delivering care and treatment, taking into account current guidance, and for the completion of dental records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's complaint handling procedures and ensure the complaints procedure contains sufficient information.
- Review the practice's protocols and procedures to ensure staff are up to date with their recommended training and their continuing professional development.

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 in place to provide safe care and treatment. They used learning from incidents to help them improve.

Staff received training in safeguarding and knew how to report concerns.

Staff were qualified for their roles, where relevant.

The practice completed most essential recruitment checks before employing staff. We found that improvements could be made to recruitment procedures.

The premises and equipment were clean and properly maintained. Staff were aware of national guidance for cleaning, sterilising and storing dental instruments. We observed some minor deviations from the guidance.

The practice had procedures in place to manage and reduce risks. We saw that the practice had put in place measures to reduce the risks identified in the assessments but some improvements could be made to these.

The practice had suitable arrangements for dealing with medical and other emergencies.

We found that the practice had systems in place for the safe use of X-rays.

No action



Are services effective?

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

We found limited evidence to demonstrate whether the dentists followed recognised guidance when assessing patients' needs and providing care and treatment. We are working with NHS England in relation to this.

Patients described the treatment they received as excellent and careful.

The practice had clear arrangements for referring patients to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles.

No action



Are services caring?

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

Patients were positive about all aspects of the service the practice provided. They told us staff were personable, helpful and pleasant.

They said they were given good advice and said their dentist listened to them.

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

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 took account of patients' needs. Patients could book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to assist patients who had sight or hearing loss.

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

The practice had a complaints handling procedure. We saw that this did not include sufficient information about alternative organisations patients could complain to.

No action



Are services well-led?

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

The practice had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to monitor the quality and safety of the care and treatment provided. We found systems were operating effectively, except in relation to the monitoring of staff training.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice stored dental care records securely.

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

No action



Are services safe?

Our findings

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

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns.

We reviewed the procedures the dentists followed when providing root canal treatment and found that although not all the dentists followed the recommended guidance, procedures were in place to minimise risks.

The provider had staff recruitment procedures in place to help them employ suitable staff. We saw that recruitment checks were carried out. We looked at two staff recruitment records. The required documentation was available with the exception of references and Disclosure and Barring Service, (DBS), certificates for two members of clinical staff. The practice manager was unsure as to where the provider retained the references. We observed that the recruitment procedures were not fully effective to ensure only suitable staff were employed. We saw that DBS checks had been put in process by the provider after two new clinical staff had commenced working at the practice. No risk assessments were in place in relation to these staff working with patients.

We saw that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The practice had arrangements in place to ensure that facilities and equipment were safe, and that equipment, including electrical and gas appliances, was maintained according to manufacturers' instructions.

The practice had arrangements in place to ensure X-ray procedures were carried out safely. They had the required radiation protection information available.

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

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks. We saw that the practice had acted on identified risks and put in place a number of measures to reduce them.

The provider had current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus and had arrangements in place to check the effectiveness of the vaccination. We observed that no record of the effectiveness was available for one of the clinical staff and no risk assessment in relation to this member of staff working in a clinical environment had been put in place.

Staff knew how to respond to medical emergencies. The provider arranged training in medical emergencies and life support every year. The practice had medical emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order.

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

The provider had an infection prevention and control policy and associated procedures in place to guide staff.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with the Health Technical Memorandum 01-05, (HTM 01-05). The records showed equipment used by staff for cleaning and sterilising instruments was validated,

Are services safe?

maintained and used in accordance with the manufacturers' guidance, with the exception of one of the quarterly function tests on an automated cleaning machine.

We observed some minor deviations from HTM 01 05:

- Some items were stored loose in drawers in the treatment rooms, for example disposable cotton wool rolls and dental burs.
- Staff were not all clear about the date marking of bagged sterilised instruments.
- Gaps in the flooring in the patient toilet potentially prevented effective cleaning.

The practice manager assured us this would be addressed. We were not sent evidence that this had been addressed.

The provider had procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems and had risk assessed this in accordance with current guidance. We saw evidence of measures put in place by the provider to reduce risk from Legionella, for example, water temperature testing and the management of dental unit water lines. We saw most of the recommended actions in the risk assessment had been completed with the exception of the regular flushing and disinfecting of an unused water outlet. The practice manager assured us this would be addressed. We were not sent evidence that this had been addressed.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. We observed that cleaning chemicals were not stored securely. The practice manager assured us this would be addressed.

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

The practice carried out infection prevention and control audits twice a year.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed.

We saw the provider had arrangements to ensure staff asked patients if their personal information, such as telephone numbers, was still current.

Medical histories were updated at every patient attendance and verbally confirmed by the dentists.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The practice had systems for the appropriate and safe handling of medicines.

The provider had a stock control system for medicines stored at the practice. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

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

Staff stored and kept records of NHS prescriptions securely.

Track record on safety

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The provider had a system for receiving and acting on safety alerts. The practice received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff, acted on and stored for future reference.

Lessons learned and improvements

Staff confirmed that learning from incidents, events and complaints was shared with them to help improve systems at the practice, to promote good teamwork and to prevent recurrences.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We observed that the dentists did not always assess patients' care and treatment needs and deliver care in line with recognised guidance and standards, for example, some records did not contain a diagnosis, or risk assessed patient recall intervals. We are working with NHS England in relation to this.

Helping patients to live healthier lives

The dentists told us they prescribed high concentration fluoride products in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention', if a patient's risk of tooth decay indicated this would help them. Some of the dental care records we looked at did not confirm this. We are working with NHS England in relation to this.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

We observed that some members of the dental team did not participate in national and local oral health and general health campaigns to support patients to live healthier lives. We are working with NHS England in relation to this.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. 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 the legal precedent, Gillick competence, by which a child under the age of 16 years of age can consent for themselves in certain circumstances. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

The dentists kept dental care records containing information about patients' current dental needs, past treatment and medical histories.

We saw that the dentists audited their own patient dental care records to check whether the necessary information was recorded. This process had not been effective at highlighting the issues we observed.

Effective staffing

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

The provider had a structured induction programme in place for dentists new to the practice but not for other staff. The practice manager assured us an induction programme was being developed for other staff.

Staff told us the practice provided training opportunities to assist them in meeting the requirements of their registration. The provider did not monitor staff training to ensure essential training was completed, for example, the practice had no records demonstrating whether some of the clinicians had completed infection control training. The practice manager assured us this would be addressed. We were not sent evidence that this had been addressed.

We saw that appraisals were carried out on staff except dentists. Appraisals were used to discuss learning needs and development. We saw evidence of completed appraisals.

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 specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Are services effective?

(for example, treatment is effective)

The practice tracked the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

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

Patients commented positively that staff were welcoming, caring and respectful. We saw that staff treated patients kindly and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of the reception and waiting areas provided limited 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. Staff told us that if a patient

requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

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.

- Interpreter services were available for patients whose first language was not English.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentists described to us the conversations they had with patients to help them understand their treatment options.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider had carried out a disability access audit to consider the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs. We saw the recommended actions had been carried out or were in progress, for example, the practice had put in place reasonable adjustments such as step free access, an accessible toilet and seating of different types in the waiting room.

The practice was accessible to wheelchair users.

One of the treatment rooms was located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, the practice had a hearing induction loop available, and appointments could be arranged by email.

Larger print forms were available on request, for example, patient medical history forms.

Timely access to services

Patients were able to access care and treatment at the practice within an acceptable timescale for their needs.

The practice displayed its opening hours on the premises, and included this information on their website.

The practice's appointment system took account of patients' needs. We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Staff made every effort to keep waiting times and cancellations to a minimum.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice website and answerphone provided telephone numbers for patients who needed emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

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

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. The practice manager told us they aimed to settle complaints in-house.

Information on how to make a complaint was displayed for patients. We observed that no details were included about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns, or if they did not want to complain to the practice directly.

We looked at comments, compliments and complaints the practice received in the previous 12 months. 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

Leadership capacity and capability

The practice leaders at all levels were approachable. They understood the challenges relating to the quality and future of the service and were addressing them.

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

Vision and strategy

The provider had a strategy in place for delivering the service.

We saw that the provider had invested in the practice, for example, treatment facilities had recently been refurbished.

Culture

Managers and staff demonstrated openness and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The practice had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff. We saw that these were not all consistently reviewed to ensure they were up to date with regulations and guidance. Some of the policies we looked at did not reflect the specific circumstances at the practice and others contained out of date information, for example, the infection control policy. The practice manager

told us that policies and procedures were currently being reviewed to ensure they were up to date and practice specific. We were not sent evidence that this had been addressed.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. Both the provider and practice manager carried out regular random checks on procedures and processes at the practice.

The practice had some systems in place to ensure risks were identified and managed, and had put some measures in place to reduce these risks. We saw that not all reasonable measures had been put in place, for example, there was no induction programme for dental nursing staff and not all the recommended actions in the Legionella risk assessment had been completed.

The provider had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff had additional roles and responsibilities, for example, lead roles for infection control and fire safety. We saw staff had access to suitable supervision and support for their roles and responsibilities.

Appropriate and accurate information

We saw that staff acted appropriately on information.

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

Engagement with patients, the public, staff and external partners

The practice used patient surveys and verbal comments to obtain the views of patients and staff about the service.

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

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

Continuous improvement and innovation

Are services well-led?

We saw the practice had systems in place to monitor the quality of the service and make improvements where required.

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We observed that the auditing of dental care records was not operating effectively.

The provider and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by all staff. We saw evidence of learning from complaints, incidents and from the random 'spot checks' carried out.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning.