

Mr. Crawford Black

Mr Crawford Black - Church Road

Inspection Report

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Date of inspection visit: 03/01/2018
Date of publication: 05/02/2018

Overall summary

We carried out this announced inspection on 3 January 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 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 Cheshire and Merseyside 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 not providing well-led care in accordance with the relevant regulations.

Background

Mr Crawford Black – Church Road is close to the centre of Bebington and provides dental care and treatment to adults and children on an NHS and/or privately funded basis.

Summary of findings

There is one step at the front entrance to the practice. Car parking is available near the practice. The practice has four treatment rooms.

The dental team includes a principal dentist, an associate dentist, a dental hygienist, four dental nurses, and two receptionists. The team is supported by a practice manager, who is also a registered dental nurse.

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.

We received feedback from 26 people during the inspection about the services provided. The feedback provided was positive about the practice.

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

The practice is open:

Monday, Tuesday and Thursday 9.00am to 6.00pm,
(Monday and Tuesday from 08.30am by appointment)

Wednesday and Friday 9.00am to 5.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took patients' needs into account. Dedicated emergency appointments were available.
- The practice had a management structure. Staff felt involved and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.

- The practice had arrangements in place to help them manage most risks. Potential risks relating to Legionella and staff Hepatitis B immunisation response had not been fully assessed and acted on.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children. Some staff had not received training within the recommended time interval.
- The practice did not have effective staff recruitment procedures in place.
- Not all the clinicians followed current guidelines when providing patients' care and treatment.
- The practice had a procedure in place for dealing with complaints. Contact details for alternative organisations patients could complain to were not readily available.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure the specified information is available regarding each person employed.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's safeguarding policy and staff training ensuring all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review awareness of current evidence-based clinical guidance in relation to patient recalls, X-rays, the maintenance of good oral health, the use of rubber dam in root canal treatment, and the content of dental care records.
- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment of all staff.

Summary of findings

- Review the practice's complaint handling procedures and ensure contact information for NHS England is provided for patients who do not wish to complain to the practice directly or are not satisfied with the way the practice has handled their complaint.
- Review the practice's arrangements for communicating information to staff and service users about the quality and safety of the service.

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

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

We found that the practice had systems in place in relation to the use of X-rays.

Staff were qualified for their roles, where relevant.

We observed that some, but not all staff had received training in safeguarding.

The practice did not complete all the essential recruitment checks before employing staff.

No action



Are services effective?

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

The practice had a system in place to monitor supported staff training.

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

We found that not all the dentists closely followed recognised guidance when assessing patients' needs and providing care and treatment. Patients described the treatment they received as efficient and excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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. They told us staff were friendly, attentive and treated them as individuals. They said that they were given full, helpful explanations about dental treatment, 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.

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

No action



Summary of findings

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 obtain an appointment quickly in an emergency.

Staff considered patients' individual needs and made reasonable adjustments to meet these. This included providing facilities for patients with disabilities. The practice had access to interpreter services.

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 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 section at the end of this report).

The practice was managed by the principal dentist and a recently appointed practice manager. Staff worked well as a team.

The practice had systems in place for the operation of the service and to guide staff in their roles. We found that not all these were operating effectively, for example, systems for investigating and learning from accidents and incidents, and recruitment systems.

Staff were aware of the importance of confidentiality and protecting patients' personal information. Dental care records were stored securely.

The practice had procedures in place to manage and reduce some of the risks associated with the operation of a dental service. Not all risks had been appropriately assessed and mitigated, for example, in relation to Legionella.

We found that the practice had limited means for monitoring the quality and safety of the service to help them improve and learn.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had limited procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events to reduce risk and support future learning. We were told no significant events had occurred at the practice. Staff described to us events which had occurred at the practice which could constitute significant events. We observed that some actions had been put in place following these events to prevent re-occurrence.

We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

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.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies in place to provide staff with information about identifying, reporting and dealing with suspected abuse. We observed that this did not include sufficient detail, for example, in relation to adults who may be at risk. Staff were aware of their responsibilities should they have concerns about the safety of children, young people or adults who are at risk due to their circumstances. Some of the staff had not received safeguarding training to an appropriate level for their role within the recommended time period.

The practice had limited arrangements in place for staff to raise concerns about work, for example, whistleblowing procedures for staff to refer to. The practice manager assured us this would be addressed. Staff were unclear on how they would raise concerns at work but told us they would approach the practice manager or principal dentist in the first instance.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. We

observed that not all the dentists used a rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment and no alternative procedures were in place to minimise risks.

The practice had a business continuity plan describing how the practice would deal with 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 medical emergencies and life support every year.

The practice had 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 within their expiry dates and in working order. We observed that staff checked the medical emergency oxygen on a monthly basis instead of weekly as recommended in the guidance. We were assured that weekly checks would be implemented immediately.

Staff recruitment

The practice had no staff recruitment procedures in place to help them employ suitable staff. We looked at four staff personnel records. None of the required documentation was available, with the exception of evidence of qualifications for all, and one employment history. The practice manager was unsure whether the relevant pre-employment checks had been carried out for these staff.

We observed that personnel records were stored on open shelves and access to them was not restricted.

Clinical staff were qualified and registered with the General Dental Council, where necessary.

Monitoring health and safety and responding to risks

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

Are services safe?

We were shown records to demonstrate that some clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The practice did not have records to demonstrate all clinical staff had received the appropriate vaccinations or a system to check staff immunity. We observed that the practice had not put in place risk assessments in relation to staff working in a clinical environment when the effectiveness of the vaccination was unknown.

We found that the practice had not carried out a Legionella risk assessment in accordance with current guidance, to reduce the possibility of Legionella or other bacteria developing in the water systems. The principal dentist assured us arrangements would be made for a risk assessment to be carried out.

A dental nurse worked with each of the the clinicians when they treated patients. We saw that the clinical staff had professional indemnity cover.

Infection control

The practice had an infection prevention and control policy and associated procedures in place. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Staff carried out infection prevention and control audits twice a year.

The practice was clean when we inspected and patients confirmed this was usual. The practice manager was currently in the process of producing structured cleaning schedules to ensure all areas of the practice were cleaned regularly.

Equipment and medicines

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

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

The practice stored and kept records of NHS prescriptions in accordance with current guidance.

Radiography (X-rays)

The practice had arrangements in place in relation to X-ray procedures. We found that routine testing had been carried out within the recommended time interval.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. One of the dentists carried out X-ray audits following current guidance.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Not all the dentists were aware of the recognised guidance when assessing patients' treatment needs. The dentists kept dental care records containing information about patients' current dental needs, past treatment and medical history. We observed that some of the clinicians maintained detailed notes in accordance with the recognised guidance.

Health promotion and prevention

The practice supported patients to achieve better oral health. Some, but not all the clinicians were aware of the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' in relation to prescribing high concentration fluoride products for patients where appropriate, and providing advice to patients on smoking, alcohol consumption and diet.

Staffing

The practice did not have an induction process in place. The practice manager explained to us this was being developed.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided support and training opportunities to assist them

in meeting the requirements of their registration, and with their professional development. The practice had recently implemented a system to monitor training to ensure essential training was completed.

Working with other services

The dentists 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 in accordance with the current guidelines. The practice monitored urgent referrals to ensure 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 dentists 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.

Staff understood their responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions. The dentists were aware of the need to consider Gillick competence 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 considerate, re-assuring and professional. We saw that staff treated patients kindly and with respect 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.

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.

Involvement in decisions about care and treatment

The dentists provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and gave them time to think. The dentists described to us the conversations they had with patients to help them understand their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was well maintained. The practice aimed to provide a comfortable, relaxing environment.

The practice had an appointment system in place which took account of patients' needs. Staff told us that patients requiring urgent appointments were seen the same day.

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Patients told us they had enough time during their appointment and did not feel rushed.

Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place some reasonable adjustments, for example, handrails to assist with mobility.

The practice had limited accessibility for wheelchair users due to one low step at the practice entrance. Staff provided information on nearby practices which were accessible. Staff provided assistance should patients require it.

The patient toilet facilities were located on the ground floor and were accessible to wheelchair users. One of the treatment rooms was located on the ground floor.

Staff had access to telephone interpreter and translation services for people who required them.

Access to the service

The practice displayed its opening hours in the practice's information leaflet.

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The practice's information leaflet and answerphone provided contact details for patients requiring 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 and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice's information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with complaints and aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure the patient received a quick response.

We observed that contact details for NHS England were not available was available should patients wish to contact them if they did not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. We saw that the practice responded to concerns appropriately.

Are services well-led?

Our findings

Governance arrangements

The practice had some systems in place to support the management and delivery of the service. We observed that these were not all operating effectively, for example, reporting and learning from accidents and incidents, and recruitment systems. The practice manager was in the process of reviewing and updating the practice's existing policies, procedures and risk assessments and implementing further ones to support good governance and to guide staff.

The practice had arrangements in place to ensure most risks were identified and managed, and had put measures in place to mitigate risks. Some of these arrangements were not operating effectively, for example, no Legionella risk assessment had been carried out.

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

Leadership, openness and transparency

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist had recently appointed one of the dental nurses to the role of practice manager with responsibility for the governance and day to day running of the service. Staff had additional roles and responsibilities, for example, the practice manager had a lead role for infection control.

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 told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they felt confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice had not held staff meetings for several years. Staff told us that as it was a small practice regular communication took place on a daily basis. The practice manager was in the process of scheduling staff meetings on a monthly basis.

Learning and improvement

The practice had some 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.

We saw limited evidence of learning from complaints, incidents, audits, and feedback. We observed there were no arrangements in place to identify individual learning needs of staff. The practice was planning to introduce staff appraisals.

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

The practice had a system in place to seek the views of patients through the use of the NHS Friends and Family Test.

Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 How the regulation was not being met The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • The registered person had limited arrangements in place for reporting, investigating and learning from accidents and incidents with a view to preventing re-occurrence. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The registered person had not carried out a Legionella risk assessment at the practice. • The registered person was unaware whether the Hepatitis B immunisation had been effective in all staff, where relevant, and had not put in place any risk assessments in relation to these staff working in a clinical environment where their immunity status was unknown or where there was no or low immunity. The registered person had systems or processes in place that operating ineffectively in that they failed to enable

Requirement notices

the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- Staff records were stored on open shelves in an area to which all staff had access.

Regulation 17 (1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons

How the regulation was not being met

The registered person's recruitment procedures did not ensure that only persons of good character, and who have the qualifications, competence, skills and experience necessary for the work to be performed by them, were employed. In particular:

- The provider's recruitment procedures did not ensure that photographic identification, a recent Disclosure and Barring Service check where appropriate, employment history and references were checked or obtained prior to employing staff, in accordance with Schedule 3 to the Regulations.

Regulation 19 (1) and (2)

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

This section is primarily information for the provider

Requirement notices

- The provider did not have the information required by Schedule 3 available for all staff.

Regulation 19 (3)