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Smithdown Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 9 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 providing well-led care in accordance with the relevant regulations.

Background

Smithdown Dental Practice is situated in a suburb of Liverpool and provides dental care and treatment to adults and children on an NHS and privately funded basis.

The provider has a portable ramp available to facilitate access to the practice for wheelchair users. The practice has three treatment rooms. Car parking is available near the practice.

Summary of findings

The dental team includes a principal dentist, three associate dentists and eight dental nurses, three of whom also carry out reception duties, and four of whom are trainees. The team is supported by a practice manager.

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 25 people about the services provided. The feedback provided was positive about the practice.

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

The practice is open:

Monday and Tuesday 9.00am to 6.00pm

Wednesday 9.00am to 5.30pm

Thursday 9.00am to 5.00pm

Friday 9.00am to 3.30pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding adults and children.
- Staff provided patients' care and treatment in line with current guidelines.
- The practice had a procedure in place for dealing with complaints.
- 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 leadership structure. Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- Staff knew how to deal with emergencies. We observed that two sizes of oro-pharyngeal airway and a child size self-inflating resuscitation bag were not available.
- The practice had systems in place to help them manage risk. Not all risks from sharp instruments had been assessed and reduced.
- The practice had staff recruitment procedures in place. We found that the practice did not request employment histories or references for all staff prior to employment.

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

- Review the availability of equipment to manage medical emergencies taking account of the guidelines issued by the Resuscitation Council (UK), and the General Dental Council.
- Review the practice's recruitment policy and procedures to ensure character references for new staff as well as employment histories are requested and recorded suitably.
- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities, specifically in relation to staff immunity status to Hepatitis B, and to sharps.
- Review the practice's protocols in relation to the use of closed circuit television to ensure staff and patients are fully informed as to its purpose and their right to access footage containing their images.

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 recognise the signs of abuse and how to report concerns.

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

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

Staff were qualified for their roles, where relevant. The practice completed some essential recruitment checks before employing staff. We found the practice had not requested references or employment histories for some recently recruited staff.

The practice had suitable arrangements for dealing with medical and other emergencies. We observed that two sizes of oro-pharyngeal airway and a child size self-inflating resuscitation bag were not available.

The practice had procedures in place to manage and reduce risks. We saw that the practice had put in place all reasonably practicable measures to reduce the risks, with the exception of risks in relation to some sharp instruments, and staff immunity to the Hepatitis B vaccination.

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 thorough. 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.

We observed that staff had provided a targeted dental health promotion and prevention 'caries awareness' programme for their six to eight year old patients where a particular need had been identified for this.

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

The practice used closed circuit television for monitoring the waiting and reception areas in the practice but were not displaying sufficient information about this.

No action



Summary of findings

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 polite, attentive and professional. They said that they were given helpful explanations about dental treatment, and said their dentists were understanding and 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.

Patients said staff treated them with dignity and respect.

No action



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 and had arrangements in place 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.

The practice had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to review the quality and safety of the care and treatment provided.

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

Staff were aware of the importance of confidentiality and protecting patients' personal information. The practice team kept accurate patient dental care records which were 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 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.

We found that staff recorded, responded to and discussed all incidents to reduce risk and support future learning.

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 and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are 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.

The practice had a whistleblowing policy in place. Staff told us they were confident to raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

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 the recommended medical emergency equipment and medicines with the exception of three items; two sizes of oro-pharyngeal airway and a child size

self-inflating bag. The provider assured us this would be addressed. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order.

Staff recruitment

The practice had staff recruitment procedures in place to help them employ suitable staff. We looked at four staff recruitment records. These showed the practice carried out essential pre-employment checks and had the required information available with the exception of references for all four staff and employment histories for two of these staff.

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 several specific policies and risk assessments to help manage potential risk. These covered general workplace, for example, the control of hazardous substances and fire, and specific dental practice risks. Staff reviewed risk assessments regularly. We saw that the practice had put in place measures to reduce the risks identified in the assessments and had acted on recommendations made in the risk assessments.

We found that the risks from the use of sharp instruments had been assessed and measures put in place to reduce the risks. We observed that not all potential sources of injury from sharp items had been considered, for example, from matrix bands used when filling teeth. The provider assured us this would be addressed.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. Systems were in place to check staff immunity and checks had been carried out for most staff. We observed that no record of the effectiveness of the vaccination was available for one of the staff. The practice did not have a risk assessment in place in relation to this member of staff working in a clinical environment when the effectiveness of the vaccination was unknown. The provider assured us this would be addressed.

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

Are services safe?

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. Staff completed infection prevention and control training regularly.

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 had procedures in place, in accordance with current guidance, to reduce the possibility of Legionella or other bacteria developing in the water systems.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

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 to ensure X-ray procedures were carried out safely. They complied with current radiation regulations and had the required information available.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits regularly 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

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

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

Health promotion and prevention

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them, and discussed smoking, alcohol consumption and diet with patients during appointments.

The principal dentist was aware of the high incidence of tooth decay in the local population and staff had developed a 'caries awareness' programme which was aimed at reducing dental disease in patients of the practice between six and eight years old. The children were offered an opportunity to attend the practice with their parents for a one to one or group presentation about decay, diet and oral health. The presentation was audio-visual and was supported by consultation with practice clinical staff to provide tailored advice to individual patients. The principal dentist told us that the practice planned to provide targeted health promotion programmes to other patient groups, such as vulnerable adults.

Staffing

Staff new to the practice completed a period of induction based on a structured induction programme.

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 monitored staff training to ensure essential training was completed each year.

The principal dentist had undertaken further postgraduate study and obtained qualifications in restorative and endodontic dentistry.

Staff told us they had annual appraisals. These were used to discuss learning needs, general wellbeing and performance. We saw several completed appraisals which confirmed this.

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.

The practice's consent policy included information about the Mental Capacity Act 2005. Staff 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. The dentists 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.

The provider had installed a closed circuit television system, (CCTV), in the reception and waiting areas and in the corridor leading to the treatment rooms. We saw that notices were displayed to inform people CCTV was in use to protect the premises but the provider had not displayed any information to make patients aware of their right of access to footage which may contain their images. The provider assured us this would be addressed.

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 friendly, caring and compassionate. 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.

Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of 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.

The practice's website and leaflet 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 patients' needs

The practice was well maintained. The principal dentist had carried out refurbishment of several areas of the practice, including the reception and waiting areas.

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 reasonable adjustments, for example, handrails to assist with mobility.

The practice was accessible to wheelchair users, with the exception of the toilet facilities. A treatment room was currently being added to the practice which incorporated improved access for wheelchair users.

The whole practice was situated at ground floor level. A call bell had been installed at the entrance to the practice to alert staff should a patient require assistance.

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.

Access to the service

The practice displayed its opening hours on the premises, in the practice's information leaflet and on their website.

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 website, 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 information leaflet explained how to make a complaint. The practice manager 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 no contact details were available for the Dental Complaints Service should patients 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 and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The practice subscribed to a compliance scheme for dental practices and 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 regularly reviewed to ensure they were up to date with regulations and guidance.

We saw staff had access to suitable supervision and support for their roles and responsibilities.

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

The practice had arrangements in place to ensure risks were identified and managed, and had put measures in place to mitigate most risks.

Staff were familiar with information security arrangements and 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 practice manager was responsible for the day to day running of the service.

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

Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw the auditing process was working well and resulted in improvements.

The principal dentist 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, audits and feedback.

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.

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 about all areas of service delivery through the use of regular patient surveys and the NHS Friends and Family Test.

We saw that the provider acted on patient feedback, for example, patients had requested improved confidentiality between the reception and waiting areas, and the clinical areas. The provider had installed a door in response to this.

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.