

Mr. Michael Somerville

Collegiate Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 4 April 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 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

Collegiate Dental Practice is in Cheetham Hill, Manchester and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. On street parking is available near the practice.

The dental team includes six dentists (including two foundation dentists), nine dental nurses (including two trainee dental nurses), a dental therapist who also manages the practice and two receptionists. The practice

Summary of findings

has five treatment rooms. Collegiate Dental Practice is a foundation training practice for dentists and dental therapists. Dental foundation training is a post-qualification training period, mainly in general dental practice, which UK graduates need to undertake to work in NHS practice. The practice did not currently have a foundation therapist.

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 31 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist and two foundation dentists, three dental nurses, and the dental therapist/practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday 09:15 to 13:00 and 14:00 to 17:30

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Minor improvements were needed to the medicines and life-saving equipment.

- 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.
- 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 process for recording and following up on sharps injuries.
- Review the practice's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations, and taking into account the guidance issued in the Health Technical Memorandum 07-01.

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. The practice could improve the processes to record action taken after a sharps incident.

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

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.

Minor improvements were needed to the arrangements for dealing with medical and other emergencies. The practice manager took immediate action to address this.

Waste was segregated appropriately. The external waste storage facility should be reviewed.

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.

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. Staff worked in partnership with the community based oral health services to support and carry out dental screening and fluoride varnish application in a local school. The practice also participated in local oral health improvement initiatives and research projects.

Patients described the treatment they received as caring and kind. 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.

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 31 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, caring and kind. 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.

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. The practice was part of a local scheme to provide urgent dental care to patients who did not have a dentist.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone 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.

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 principal dentist and practice manager demonstrated a culture of leadership and encouraged staff to develop their skills. Staff were assessed for their suitability for lead roles and appropriate support and training provided where necessary.

The practice celebrated the achievements of staff, such as where they had taken on additional duties, and encouraged the team to highlight and celebrate each other's strengths and teamwork.

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 manager audited incidents and accidents every year to identify any themes and trends.

The practice recorded, responded to and discussed incidents to reduce risk and support future learning. We noted that two documented sharps incidents did not have a record of the follow up information after the incident occurred, or an explanation of why further advice was not sought relating to these. We discussed the circumstances with the practice manager who confirmed that they would ensure this was documented in future.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future 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 practice had carried out a sharps risk assessment and followed relevant safety laws when using needles and other sharp dental items. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles where

necessary to minimise the risk of inoculation injuries to staff. 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. Three members of staff had received additional first aid training.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that the oropharyngeal airways had expired and oxygen masks were unbagged. Glucagon, which is required in the event of severe 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. Emergency medicines were stored in clear wallets according to different emergency scenarios. We observed that an item had dropped out of the appropriate wallet into another. The practice manager took immediate action to replace all the expired items and record this as a significant event to review the process and prevent re-occurrence, and we saw evidence of this. They told us they would review the storage arrangements.

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.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate 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. Premises and fire risk assessments

Are services safe?

were in place. The practice had fire detection systems and extinguishers which were regularly serviced. Staff had safe evacuation procedures in place. The practice had undertaken extension and major renovation work in the last 12 months. The practice manager worked with the contractors to ensure the process was risk assessed throughout. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

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

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.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

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

The staff records we reviewed provided evidence to support that relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne

infections. One member of staff had recently completed the full course of vaccinations but their immunity level was unknown. A risk assessment was not in place for them; The practice manager confirmed this would be carried out without delay.

Clinical waste was stored in a locked external area at the side of the premises. We noted that waste bags were visible above the level of the enclosed area, and clinical waste bags were not protected from unauthorised access. We discussed this with the practice manager who confirmed they would contact their waste contractor without delay to arrange secure vessels.

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 practice had registered with the Health and Safety Executive in line with the Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER). We saw evidence that staff had acted on recommendations highlighted in the critical examinations of equipment and had regular communication with their Radiation Protection Adviser throughout the building works to ensure safety.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiograph 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. They displayed oral health education information throughout the practice and supported national oral health campaigns. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health.

The practice participated in local oral health improvement initiatives and research projects. For example, Healthy Gums Do Matter, which is a primary care clinician-led project which aims to improve the quality of periodontal treatment in primary dental care. They also participated in research relating to the interval of dental examinations, access to the dental therapist and patients' opinion regarding the benefit and efficacy of high fluoride toothpastes provided on prescription.

Staff also worked in partnership with the community based Oral Health Improvement team to support and carry out dental screening and fluoride varnish application in a local school.

The dentists 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 children as appropriate.

The dentists 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.

Staffing

Staff new to the practice 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 and the practice supported them to complete their training by offering in-house training and online training. The principal dentist also held regular case discussions and peer review with the foundation dentists, they told us they felt well supported and mentored. The practice monitored the progress of trainee dental nurses and met with assessors from the education provider to support their learning.

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, a dental therapist and dental nurses, to deliver care in the best possible way for patients. One of the dental nurses had enhanced skills training in radiography and oral health education and one in oral health education and the application of fluoride.

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

Working with other services

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 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 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 did not include information about the Mental Capacity Act 2005 or Gillick competence. The team demonstrated that they understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The dentists were also aware of the need to consider Gillick competence when treating young people under 16. Staff described how

Are services effective?

(for example, treatment is effective)

they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. The practice manager confirmed the policy would be updated.

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 helpful, caring and kind. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Anxious patients confirmed staff were compassionate and understanding. Several patients commented that staff were understanding, put them at ease and allowed additional time for treatment as necessary. Patients could choose whether they saw a male or female dentist.

The layout of reception and ground floor waiting area 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. They stored paper records securely.

Music was played in the treatment rooms and there were magazines and a children's' play area in the ground floor waiting room. A separate waiting room was available on the first floor. Practice and health information 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. The dentists 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.

Each treatment room had a screen so the dentists could show patients photographs and information when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had recently undertaken major renovation work including an extension and refurbishment of treatment rooms. There were further plans to renovate the remaining treatment rooms.

Patients described high levels of satisfaction with the responsive service provided by the practice. Some comments cited a lack of communication from reception staff when waiting for appointments but this had not detracted from their overall positive experience of the practice. Most patients confirmed that they were rarely kept waiting for appointments.

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 did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first-floor surgery or if they required a translator.

Patients were sent letters for upcoming appointments. Staff told us that they telephoned some patients the day before their appointment to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

Tackling inequity and promoting equality

The practice made some reasonable adjustments for patients with disabilities. This included step free access and the recent renovations included the provision of an accessible toilet with hand rails, a call bell and baby changing facilities. An up to date disability access assessment was not in place. On the day of the inspection, we discussed this, and other reasonable adjustments the practice could consider. The practice manager told us they would carry out an assessment and review additional reasonable adjustments.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to telephone interpreter/translation services.

Access to the service

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

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day care. The practice was part of a local scheme to provide urgent dental care to patients who did not have a dentist. Staff told us they had a good working relationship with the central appointment office who were responsible for booking patients and providing information to the practice. Information displayed outside the premises, the patient 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 practice manager was responsible for dealing with these. 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 and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 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

Governance arrangements

The practice was a member of a 'good practice' certification scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

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 with additional support from staff in lead roles. Staff knew the management arrangements and their roles and responsibilities.

The practice had up to date 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 practice manager 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 practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings and regular informal 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

During the inspection we found all staff were open to discussion and feedback to improve the practice. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs 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 and practice manager demonstrated a culture of leadership and encouraged staff to develop their skills. Staff were assessed for their suitability for lead roles and appropriate support and training provided where necessary. For example, the dental therapist had also stepped into the role as practice manager. Another member of staff had recently been assessed and identified as suitable to carry out this role with support, mentorship and training. The practice celebrated the achievements of staff, such as where they had taken on additional duties, and encouraged the team to highlight and celebrate each other's strengths and teamwork. One patient commented that the practice looked like a lovely place to work. They showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed highly recommended 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 verbal comments to obtain patients' views about the service. 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. The latest results showed that 100% of respondents would recommend the practice.