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The Heaton Mersey Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 7 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Heaton Mersey Dental Practice provides predominantly (92%) NHS treatment and some (8%) private treatments. The practice caters for both adults and children and has a principal and three associate dentists, a part time dental hygienist, five qualified dental nurses, a trainee dental nurse and six receptionists. The practice is situated in a large converted residential property with three dental treatment rooms, a separate decontamination room for cleaning, sterilising and packing dental instruments, a reception and two waiting areas. Treatment rooms and waiting rooms are located on the ground and first floors.

The practice opening hours are Monday to Thursday 9am to 5.30pm and Friday 9am to 4pm.

The practice owner (principal dentist) is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons 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 positive feedback about the service from 28 patients. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

- The practice had safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had an automated external defibrillator (AED) and medical oxygen available on the premises.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring team.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were effective systems in place to reduce the risk and spread of infection. We found the treatment rooms and equipment were visibly clean.
- Patients' needs were assessed and care was planned in line with best practice guidance, such as from the National Institute for Health and Care Excellence (NICE).
- Equipment, such as the autoclave (steriliser), fire extinguishers, oxygen cylinder and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- Staff were well supported and were committed to providing a quality service to their patients.
- Patients were able to access both routine and emergency appointments and there were clear instructions on how to access out of hours emergency dental treatment.

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

- Review records relating to the recruitment of staff. Maintain accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal references taken and ensuring recruitment checks, including references, are suitably obtained and recorded.
- Review how the practice implements the required actions identified in the Legionella risk assessment giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

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.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children and vulnerable adults from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice.

The practice followed procedures for the safe recruitment of staff which included carrying out criminal record checks. However staff files were not well maintained and it was difficult to find information. Some staff files did not contain two references.

The principal dentist was aware of their responsibilities for patient and staff safety and the importance of identifying, investigating and learning from patient safety incidents.

Are services effective?

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

The practice used national guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The dental care records we looked at included details of the condition of the patient's teeth and soft tissues lining the mouth and gums. New patients were asked to provide a medical history and underwent an assessment of their oral health. This information was used to inform and plan the patients care and treatment.

Staff, who were registered with the General Dental Council (GDC), had maintained their continuing professional development (CPD) training and were meeting the requirements of their professional registration.

Are services caring?

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

We received feedback from 28 patients with comments such as; caring and compassionate, helpful and polite, understanding and pleasant. Patients told us they felt they were listened to and were involved with the discussion of their treatment options which included risks, benefits and costs.

We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

A practice leaflet was available in reception to explain to patients about the services provided. Patients had good access to appointments, including emergency appointments, which were available on the same day.

Due to the design of the building the practice was not able to accommodate patients who used a wheelchair or those unable to manage the steps at the entrance to the practice. Staff would provide patients with details of nearby practices with disabled access.

Are services well-led?

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

Summary of findings

We found there were regular staff meetings taking place and systems for obtaining patient feedback. All staff were supported to pursue development opportunities and had access to training.

There was candour, openness, honesty and transparency amongst all staff we spoke with. Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist.

The Heaton Mersey Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 7 March 2016. The inspection took place over one day and was carried out by a CQC lead inspector and a dental specialist advisor.

We informed NHS England area team / Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

We received positive feedback from five patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice. All of the feedback was positive.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and learning from incidents. There had been no incidents or accidents reported in the past year. We saw from meeting minutes that any incidents were discussed in team meetings to make staff aware of any changes to protocol or training needs as a result of incidents.

Staff understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months.

The principal dentist and the practice staff were aware of their responsibilities in relation to the Duty of Candour Regulation. The duty of candour requires providers to be open and honest with people who use their services. They told us if there was an incident that affected patients the patient would be advised, given an apology and informed of any actions taken to prevent a reoccurrence.

The practice kept a record of any accidents. We saw there had been a needlestick injury recorded in April 2015. The records showed appropriate action had been taken following the incident and staff were able to explain in detail the practice procedure for responding to such an injury.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the nominated safeguarding lead and staff were aware of their responsibilities to report any concerns about a patient's safety. The staff we spoke with knew who they should go to if they had a safeguarding concern. The practice had a safeguarding policy that included the process for reporting safeguarding concerns and contact details for the local safeguarding teams.

The practice followed guidance issued by the British Endodontic Society in relation to the use of the rubber dam for root canal treatment. The principal dentist confirmed that they routinely used a rubber dam for when root canal treatment was provided. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work).

The practice had a policy and procedure to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy directed staff to identify and risk assess each substance at the practice.

There was a policy for the safe handling of sharp instruments displayed in the treatment rooms. We discussed how they managed safe sharps with the principal dentist, who described the actions taken to minimise the risks of sharps injuries. Syringes were dismantled by the dentist and placed into a sharps bin in the treatment rooms.

Medical emergencies

The emergency resuscitation kits, oxygen and emergency medicines were stored securely in Surgery 2 (downstairs), a central location with easy access for staff working in any part of the practice.

The practice had an Automated External Defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training including the use of the AED. The most recent training session was held in June 2015.

We checked the medical emergency drugs kit and found medicines were within their expiry date and of the required type in accordance with national guidelines. We saw documentary evidence to show all emergency medicines were regularly checked and kept up to date. Oxygen cylinders were of the required size and were checked each month to ensure the flow rate and supply levels were sufficient for use in the event of a medical emergency.

Staff recruitment

There was a recruitment policy and procedure in place and a number of safety checks were carried out prior to new staff being employed. This included obtaining references, evidence to demonstrate proof of identity, immunisation status, checking the authenticity of qualifications and evidence of professional registration.

It was practice policy was to carry out Disclosure and Barring Service (DBS) checks for all newly appointed staff.

Are services safe?

The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We looked at a sample of recruitment files and found they were fragmented and it was difficult to locate information. We discussed this with the principal dentist who agreed to audit the recruitment files and ensure the information contained within was accurate and complete. It was therefore difficult to confirm if staff had been recruited safely.

We saw that clinical staff were covered by personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice) In addition the providers public liability insurance covered all employees working in the practice and which was valid. Staffs' professional registration with the General Dental Council (GDC) was checked annually. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

There was a business continuity plan which outlined events which might interfere with the day to day running of the practice. This included loss of electricity, water or gas supplies, water ingress, loss of computer systems or the closure of the premises due to fire. The plan was held off site and contained a list of contact numbers for various service contractors.

Infection control

The practice followed the guidance issued by the Department of Health, Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This document and the practice's policy and procedures relating to infection prevention and control were accessible to staff and staff were aware of where they could be accessed. Regular six monthly infection prevention and control audits were taking place with the most recent dated March 2016.

We saw posters were displayed throughout the practice demonstrating good hand hygiene techniques. The decontamination procedures and advisory poster regarding needle stick injury were clearly displayed to support staff in following practice procedures.

We were taken on a tour of the practice and found the treatment rooms and the decontamination room were visibly clean and free from clutter. They had sealed floors and work surfaces that could be easily cleaned to promote good infection control. There were cleaning schedules and infection control daily checks for each treatment room which were complete and up to date. Staff explained how they cleaned the treatment areas and surfaces between each patient that included wiping down the chair, overhead examination light, work surfaces and instrument tray. The treatment rooms were also cleaned at the end of the morning and afternoon sessions to help maintain infection control standards.

We saw there were hand washing facilities in the treatment rooms and staff told us they always had good supplies of personal protective equipment (PPE).

There was a dedicated decontamination room on the first floor and also a 'decontamination area' based in the treatment rooms on the ground floor. These were set out according to HTM 01-05. There was a work flow in the decontamination area from the 'dirty' to the 'clean' zones.

The infection control lead explained the decontamination process in both areas. The practice used a safe system of rigid lockable boxes to transport used instruments from the treatment rooms. This demonstrated clear separation of the dirty instruments entering the room from the clean sterile instruments coming out of the autoclave (an autoclave is a piece of equipment that uses steam at high pressure to sterilise instruments).

Staff wore appropriate personal protective equipment (including gloves eye protection and a mask) when decontaminating instruments. Used instruments were scrubbed, examined under an illuminated magnifying glass to check for any remaining debris, before being placed into the autoclave. When instruments had been sterilised they were packaged and stored appropriately until required. All packaged instruments were dated with an expiry date in accordance with current guidelines.

We reviewed records that showed the equipment used for cleaning and sterilising instruments was maintained and serviced in accordance with the manufacturer's guidelines.

There were policies and procedures in relation to hand hygiene, decontamination, manual cleaning and managing clinical waste. We noted waste was separated into

Are services safe?

designated bags and containers pending disposal by a registered waste carrier. We reviewed the waste consignment agreement and collection notes documentation.

The practice carried out regular water temperature testing and flushing of water lines. A Legionella risk assessment had been carried out in 2011by an external contractor. (Legionella is a germ found in the environment which can contaminate water systems in buildings). However there was no evidence to demonstrate that the recommendations made in the 2011 risk assessment had been addressed.

Patients we spoke with and who completed CQC comments cards made positive comments about the standard of hygiene at the practice.

Equipment and medicines

We saw that a portable electrical appliances test (PAT) had been carried out in March 2014 with a re-test date of March 2017. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. The most recent test was carried out in 2014. We saw fixed electrical systems such as wiring were checked every five years to ensure safety.

There were maintenance contracts in place for the equipment such as autoclaves, X-ray equipment and the air compressor. We saw evidence to show the fire system was serviced and the alarms sounded on a regular basis and staff carried out fire drills.

There was a system in place to ensure that staff received safety alerts from the Medicines and Health Care products Regulatory Agency and the staff were aware of recent alerts.

The principal dentist carried out intra-venous sedation at the practice for patients who were very nervous of dental treatment. The provider had put into place governance systems to ensure the safe use of conscious sedation. The systems and processes we observed were in accordance with the guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.

We found that patients were appropriately assessed for sedation. We saw clinical records that showed that all patients undergoing sedation had important checks made prior to sedation this included a detailed medical history, blood pressure and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records demonstrated that during the sedation procedure important checks were recorded at regular intervals which included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. This was carried out using specialised equipment including a pulse oximeter which measures the patient's heart rate and oxygen saturation of the blood. Blood pressure was measured using a separate blood pressure monitor. The dentist carrying out sedation was supported by appropriately trained nurses on each occasion.

Radiography (X-rays)

There was a radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor.

Records we viewed demonstrated that the X-ray equipment was regularly tested and calibrated serviced and repairs undertaken when necessary. X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These were clearly displayed. We looked at the training records and saw the staff responsible for taking X-rays had received up to date training in the procedures for x-rays.

The dental care records we examined recorded the justification for taking the X-ray and the results. We found that not all X-rays were graded. The principal dentist assured us that they would address this immediately.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients were asked to complete a full medical history when they joined the practice. They were asked on each visit if there were any changes to medical conditions or prescribed medicines before any course of treatment was undertaken. The dental care records we reviewed showed medical histories had been checked.

The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP).The dental care records we reviewed showed an examination of a patient's soft tissues (including lips, tongue and palate for signs of oral cancer) had been carried out and dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). The patients we spoke with told us they were made aware of the condition of their oral health and whether it had changed since the last appointment.

The dental assessments were carried out in accordance with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) to assess each patient's risks and needs and to determine how frequently to recall them.

Health promotion & prevention

We found the practice was working in line with guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentists applied fluoride varnish to children and adults were prescribed fluoride toothpaste where required.

There were various leaflets available to patients with advice about maintaining good oral health. These included advice about smoking cessation and good tooth brushing techniques.

Staffing

The staff we spoke with were encouraged to maintain their continuing professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

The practice provided conscious sedation for extremely nervous patients - (these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation). The nurses supporting the principal dentist were confident and assured about their roles during sedation we asked them to explain their role in supporting the dentist. This reflected the quality of the on-going training, supervision and mentoring that the nurses received from the principal dentist.

Working with other services

Where patients had complex dental needs, such as suspected oral cancer, the practice referred them to other healthcare professionals using their referral process. Referrals made were recorded and monitored to ensure patients received the care and treatment they required in a timely manner. Once the specialist treatment was completed patients were referred back to the practice for follow up and on-going treatment.

Consent to care and treatment

We examined a sample of dental care records and saw where verbal consent was given this was recorded. For complex treatments written consent was obtained and recorded in the dental care records. The dentists we spoke with were aware of the implications of the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff were aware of and understood the Gillick competence test. The Gillick test is a method of deciding whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 28 patients via CQC comment cards and speaking to patients on the day of the inspection**.** Patients commented that they were very satisfied with the way staff treated them at the practice. Comments included professional, lovely and caring, very informative, respectful, friendly and helpful. Patients reported they were supported by staff and put at ease about the treatments they received.

We observed staff speaking to patients on the telephone and at the reception desk. We found the staff were polite and professional with patients and offered options for the date and time of appointment.

We saw that staff were helpful and discreet. Staff said that if a patient wished to speak in private, an empty room would be found to speak with them.

Involvement in decisions about care and treatment

We spoke with patients who told us the dentists listened to them and involved them in the discussions and decisions about their care and treatment. Patients told us that they had been given adequate information about their treatment options and any costs. They told us that dentists explained what the treatment involved including the benefits and risks in a way they understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

There was a practice leaflet which provided information about the types of treatments that the practice offered. We saw that the waiting area displayed a variety of information that explained opening hours, emergency 'out of hours' contact details and how to make a complaint.

The practice had an effective appointment system in place and patients told us that they were rarely kept waiting for their appointment. Where treatment was urgent patients would be seen within 24 hours where possible. We saw evidence that there were vacant appointment slots available each day for emergencies.

The practice had a system in place to ensure that materials such as crowns or dentures were in stock or received well in advance of the patient's appointment.

Tackling inequity and promoting equality

Due to the age and design of the premises the practice was unable to fully meet the needs of individuals who had limited mobility. There were a number of steps at the entrance to the building. The principal dentist told us if they received enquiries from patients who had limited mobility or were wheelchair users they would be given information about accessible dental practices in the area.

Access to the service

The practice was open Monday, Tuesday and Wednesday: 9am to 5.30pm, Thursday 9am to 5.30pm and Friday: 9am to 4pm. The practice was closed at the weekend. Access for urgent treatment outside of opening hours was by ringing the practice and following the instructions on the answerphone message.

Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients. The practice had a system for dealing with complaints. Information on how to raise a complaint was held at reception.

The patients we spoke with told us they did not have any complaints about the practice and felt that staff would treat any matter seriously and investigate it professionally.

Are services well-led?

Our findings

Governance arrangements

The principal dentist in addition to his clinical role was responsible for the day-to-day running of the practice. There was a range of policies and procedures in use at the practice. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

We reviewed staff recruitment files and found they were disorganised and some did not contain all of the required information. We discussed with the principal dentist the importance of maintaining accurate, complete and detailed records relating to employment of staff. This included evidence that the required recruitment checks were carried out for example; recording details of verbal references taken. The principal dentist told us they were considering employing a practice manager to support them with the overall management of the practice.

Leadership, openness and transparency

Staff in all roles described the practice as a good place to work where they were supported by the principal dentist and their colleagues. They told us that there were clear lines of responsibility and accountability within the practice and that there was a culture of openness and honesty. Staff said could speak with the principal dentist at any time if they were concerned about anything.

Learning and improvement

We reviewed staff training records and found that clinical staff undertook training to maintain their continuing professional development (CPD). CPD is a requirement of their registration with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Training was completed through a variety of e-learning and face to face courses.

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as prescriptions, infection prevention and control, dental care records and the quality of X-ray images.

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

The practice surveyed patients at different times of year and results had shown patients were satisfied with the care and treatment they received. The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints or feedback received were discussed at the practice meetings.

The practice also participated in the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.