

Hyde Dental Practice Limited

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Inspection Report

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Hyde
Cheshire
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Overall summary

We carried out this announced inspection on 31 October 2017 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

Hyde Dental Practice is in Cheshire 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 three dentists, seven dental nurses, (two of whom are trainees), and a dental hygienist who is also the practice manager. The practice has three treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Hyde Dental Practice was the principal dentist.

On the day of inspection we collected 39 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, three dental nurses and the dental hygienist/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 09:00 to 18:00

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. Appropriate medicines and life-saving equipment were available.
- 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 arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as Public Health England (PHE).
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's protocols for recording the risk of dental caries and periodontal charting in the patients' dental care records.
- Review the practice's responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's audit protocols to document learning points, where relevant, that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.

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.

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

An effective system to receive patient safety alerts was not in place.

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.

Information relating to the Control of Substances Hazardous to Health (COSHH) and product risk assessments and safety data sheets needed updating and staff were decanting substances inappropriately.

A rubber dam kit was available in the practice but this was not used in line with guidance from the British Endodontic Society when providing root canal treatment. Not all of the dentists used an alternative technique to protect the patients' airway.

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 dentists discussed treatment with patients so they could give informed consent and recorded this in their records. The risk of dental caries and periodontal charting were not consistently recorded.

Staff displayed oral health education information throughout the practice and supported local oral health campaigns including targeted oral health promotion for local schools. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health.

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 39 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and professional. 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. In addition, the practice was part of a local scheme to provide urgent dental care to unregistered patients three days per week.

Staff told us that they telephoned patients to remind them that they were due for a check-up and patients confirmed that they appreciated this personal service.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to face to face interpreter services and had arrangements to help patients who had sight or hearing loss.

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

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 practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored and audited clinical and non-clinical areas of their work to help them improve and learn. We found action plans were not recorded.

The practice sought feedback and listened 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 to and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice had received some national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We noted that recent relevant alerts had not been received and acted upon. The inspector alerted the practice manager on the day of the inspection. Relevant items were checked to ensure they were not affected by the alerts. The practice manager gave assurance they would ensure that future alerts are received, acted upon and retained for 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, procedures and action flowcharts 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 a sharps risk assessment and followed relevant safety laws when using needles and other sharp dental items. Sharps injury action information was displayed and we saw evidence that staff had followed this appropriately. A rubber dam kit was available in the practice but this was not used when providing root canal treatment. Not all of the dentists used alternative techniques to protect the patients' airway.

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 emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available and staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that adult and child sized self-inflating bags, oropharyngeal airways and portable suction were not available. This was raised with the practice manager who took immediate action to order these items. Glucagon, which is required in the event of clinically low blood sugar, was kept refrigerated but the temperature of the fridge was not monitored in line with the manufacturer's instructions. We discussed this with the practice manager who gave assurance that the storage of the glucagon would be immediately reviewed.

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 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. A fire safety risk assessment was in place, fire detection equipment was installed and checked on a regular basis and staff participated in fire drills.

Information relating to the Control of Substances Hazardous to Health (COSHH) and a number of product risk assessments and safety data sheets were in place but these needed updating. We observed that the staff were decanting COSHH substances including soap and disinfectant into dispensers labelled for other products. The practice manager told us that they would take action to update the risk assessment process and review the practice's handling of COSHH substances.



Are services safe?

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 worked with the dentists and dental hygienist 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 annually. The latest audit showed the practice was meeting the required standards. We spoke with the practice manager about carrying out six-monthly audits in line with the guidance in HTM01-05.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Staff carried out and documented monthly water temperature testing and the dental unit water lines were maintained appropriately. Recommendations to remove dead legs in the water pipes had not been acted upon. The practice manager confirmed this would be addressed.

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 with the practice manager provided evidence to support that relevant staff had received vaccinations 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 was a low responder and had received an additional booster but the practice manager was not aware if they had been tested to ensure they had adequate protection. The practice manager told us this would be followed up and risk assessed immediately.

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 and storing medicines.

The practice kept records of NHS prescriptions as described in current guidance. We observed that prescriptions were pre-stamped. We brought this to the attention of the principal dentist who told us they would ensure the remaining pre-stamped prescriptions were stored securely and that they would cease pre-stamping.

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 dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray 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. The risk of dental caries and periodontal charting were not consistently recorded. This was raised with the principal dentist to review.

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

Health promotion & prevention

The practice had a dental hygienist and 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 local oral health campaigns including oral health promotion for local schools and the application of fluoride varnish to targeted populations at high risk of dental disease. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health.

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. The practice supported staff to complete their training by offering in-house training, lunch

and learn sessions and online training. The practice monitored the progress of trainee dental nurses and met regularly 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 hygienist, and dental nurses who had received additional training to have lead roles and deliver care in the best possible way for patients. One of the dental nurses had enhanced skills training in radiography and the infection control lead had additional qualifications in decontamination.

Staff told us they discussed training needs at annual appraisals and informal discussions. 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 included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses 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.



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 professional. We saw that staff treated patients respectfully, appropriately and were friendly towards patients at the reception desk and over the telephone. Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that 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.

There was a variety of oral health information, magazines and a play area with toys for children in the waiting rooms. Practice information and thank you cards were available for patients to read. The practice also engaged in charitable fund raising.

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. A dentist 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.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment.

Each treatment room had a screen so the dentists could show patients X-ray images when they discussed treatment options. Staff also used videos and demonstration models to explain treatment options to patients needing more complex treatment. Patients commented that the dentists spent time explaining options, risks and benefits to them and took time to answer any questions they had.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

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.

Staff told us that they telephoned patients to remind them that they were due for a check-up and patients confirmed that they appreciated this personal service.

Tackling inequity and promoting equality

The practice had made some reasonable adjustments for patients with disabilities by providing a portable ramp and an access statement to make patients aware that the toilet was on the first floor. We discussed that the practice could carry out an access self-assessment and consider other reasonable adjustments.

Staff said they could provide information in different formats and languages to meet individual patients' needs. One of the dentists spoke Bengali and Urdu which helped with local population needs. They had access to interpreter/translation services but staff told us these were rarely needed.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. In addition, the practice was part of a local scheme to provide urgent dental care to unregistered patients three days per week.

The 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. A clear management structure was in place and staff knew the management arrangements and their roles and responsibilities.

The practice had 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 issues with and told us the principal dentist and practice manager were 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 regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. The principal dentist, practice manager and senior dental nurse all attended regular external meetings and events to engage with other dental professionals and share good practice.

Learning and improvement

During the inspection the provider was responsive to feedback and actions were taken quickly to address any issues such as ordering emergency equipment and discussing how recording dental caries risk and pocket depth charting could be improved. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits but clinicians did not consistently record the resulting action plans and improvements.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses 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. Many of the staff had been employed for many years.

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 patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on. For example, purchasing the portable ramp and redecorating the premises.

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.