Redbridge Associates Limited

Warren Drive Dental Practice

Inspection Report

12 Warren Drive
Wallasey
CH45 0JR
Tel: 0151 639 5559
Website: www.smartdentalcare.co.uk/dentists-wallasey

Date of inspection visit: 03/10/2017
Date of publication: 25/10/2017

Overall summary

We carried out this announced inspection on 3 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 Cheshire and Merseyside area team that we were inspecting the practice. We did not receive any information of concern from them.

To get to the heart of patients' experiences of care and treatment we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Warren Drive Dental Practice is located in a residential suburb of Wallasey and provides dental care and treatment to adults and children on an NHS and privately funded basis.

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

Summary of findings

The dental team includes two dentists, a dental hygienist, four dental nurses, one of whom is a trainee, and a patient treatment co-ordinator. The team is supported by a practice manager.

The practice is owned by a company and as a condition of registration must have in place a person registered with the Care Quality Commission as the registered manager. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. At the time of the inspection the practice did not have a registered manager in post. An application for a registered manager is currently being processed by CQC.

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

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

The practice is open:

Monday to Thursday 9.00am to 5.15pm

Friday 9.00am to 4.15pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- 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 took patients' needs into account. Dedicated emergency appointments were available.
- The practice had a leadership structure. Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The practice had systems in place to help them manage risk. Most but not all risks had been reduced as far as reasonably practicable.
- The practice had staff recruitment procedures in place. Staff were unclear as to whether checks were carried out for locum staff and whether references were obtained for all staff recruited.
- The practice had a procedure in place for dealing with complaints but sufficient information about this was not available for patients.

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

- Review the practice's arrangements for recording action taken in relation to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency and through the Central Alerting System as well as from other relevant bodies such as Public Health England, and review the practice's system for the recording, investigating and reviewing of incidents and significant events with a view to preventing further occurrences and to ensuring that improvements are made.
- Review the protocol for maintaining accurate, complete and detailed records relating to the employment of staff, including locum staff. This includes ensuring recruitment checks, including references, are suitably carried out and recorded.
- Review the practice's arrangements to ensure an effective system is established to assess, monitor and mitigate the various risks arising from the undertaking of the regulated activities, specifically in relation to the implementation of fire drills, and ensuring that NHS prescription pads in use are locked away securely.
- Review the storage of dental care records to ensure they are all stored securely.
- Review the practice's complaint handling procedures in relation to providing information to patients about NHS England and the Dental Complaints Service should patients wish to complain to them directly.

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?

No action

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

The practice had systems and processes in place to provide safe care and treatment.

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

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

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

We saw that the practice had put in place measures to reduce the risks identified in their risk assessments but some risks had not been reduced as far as reasonably practicable.

We found that incidents were not recorded, and action taken in response to safety alerts was not recorded by the practice.

The practice completed essential recruitment checks before employing staff but these could be improved for locum staff.

Are services effective?

No action

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 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 in place to monitor this.

Are services caring?

No action

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

Patients told us staff were professional, caring and welcoming. They said that they were given good explanations about dental treatment and said their dentist listened to them.

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

Patients said staff treated them with dignity and respect.

Summary of findings

Are services responsive to people's needs?

No action

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

The practice's appointment system took account of patients' needs. Patients could obtain an appointment quickly in an emergency.

The practice had access to interpreter services.

Staff considered patients' individual needs and made reasonable adjustments to meet these. This included providing facilities for patients with disabilities

Staff responded to concerns and complaints quickly. We observed that contact information for NHS England and the Dental Complaints Service was not made available to patients.

Are services well-led?

No action

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

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

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

Staff were aware of the importance of confidentiality and protecting patients' personal information The practice team kept accurate patient dental care records. Computer records were stored securely but improvements could be made to archived paper dental care records.

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.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a policy in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. The practice manager told us no significant events had occurred. Staff described events at the practice which could constitute significant events but these had not been recorded, monitored, reviewed and addressed.

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

The practice received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff, acted on and stored for future reference. We found that action taken was not recorded.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns.

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

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in medical emergencies and life support every year.

Emergency equipment and medicines were available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedures in place to help them employ suitable staff. These reflected the relevant legislation. We looked at several staff recruitment records. These showed the practice followed their recruitment procedure. We found that employee references were not available in the staff recruitment records. The practice manager was unsure whether or not these were held at the company's head office or whether the head office carried out recruitment checks for locum staff.

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

Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace and specific dental practice risks. Staff reviewed risk assessments every year. We saw that the practice had put in place numerous measures to reduce the risks identified in the assessments.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. Systems were in place to check staff immunity. We observed that no information was available in relation to the effectiveness of the Hepatitis B vaccination for one member of staff and no risk assessment was in place in relation to this member of staff working in a clinical environment when the effectiveness of the vaccination was unknown.

Are services safe?

The practice had a fire risk assessment in place and had implemented most reasonably practicable measures to reduce the risks associated with fire with the exception of fire drills. The practice manager assured us these would be introduced.

Dental nurses worked with all the clinicians when they treated patients. Clinical staff had professional indemnity cover.

Infection control

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

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

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

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

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

Equipment and medicines

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

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

The practice had a system in place in relation to the security of NHS prescriptions in accordance with current guidance. Not all the blank NHS prescription pads were stored securely. The practice manager assured us this would be addressed.

Radiography (X-rays)

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

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

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

Health promotion and prevention

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

Staffing

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

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration, and with their professional development. The practice monitored staff training to ensure essential training was completed each year.

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

Working with other services

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer in accordance with the current guidelines. The practice monitored urgent referrals to ensure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. Staff understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence. The dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

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 and caring. We saw that staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting rooms provided privacy when reception staff were dealing with patients. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

Involvement in decisions about care and treatment

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

The practice's website provided patients with information about the range of treatments available at the practice.

Information about the range of treatments provided was available on the practice's website and in leaflet format in the waiting rooms.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The provider had carried out refurbishment of some areas of the practice to a high standard and had plans in place for refurbishment of the remaining areas. The practice aimed to provide a comfortable, relaxing environment.

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

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments.

Tackling inequity and promoting equality

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

The practice, including the patient toilet facilities, was accessible to wheelchair users. Two of the treatment rooms were located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had a hearing induction loop available.

Access to the service

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

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

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The practice's website, information leaflet and answerphone provided contact details for patients requiring emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns and complaints

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

We found that information was not available about organisations patients could contact should they not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. We saw that the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The practice had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff.

The practice manager had overall responsibility for the management of the practice. The practice manager was studying for a management qualification. The provider was responsible for clinical leadership. We saw staff had access to suitable supervision and support for their roles and responsibilities.

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

The practice had information security arrangements in place and staff were aware of the importance of these in protecting patients' personal information. We found a number of archived dental care records stored on open shelves in a locked room. The practice manager informed us they were in the process of improving the storage security for these.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

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

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

Learning and improvement

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

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of regular patient surveys and the NHS Friends and Family Test. A summary of patient survey results was available for patients to read.

We saw that the provider acted on patient feedback, for example, patients had requested evening appointments and these had been provided at the practice in response.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.