

Gensmile Dental Care Limited

MF Dental Littleborough

Inspection Report

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Overall summary

We carried out this announced inspection on 19 September 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

MF Dental Littleborough is in converted commercial premises in a high street location in the village of Littleborough. The practice has been part of the Gensmile group of practices since April 2017. They provide NHS and private treatment to adults and children.

There is a small step at the entrance to the premises but people who use wheelchairs and pushchairs can access the practice. On street parking is available near the practice.

Summary of findings

The dental team includes four dentists (one of whom is a foundation dentist), seven dental nurses who also cover reception (two of whom are trainees) and four part time dental hygienists. At the time of the inspection, a practice manager was not in post. The clinical team were supported by the practice manager of the nearest Gensmile practice and the registered manager. The practice has five treatment rooms. MF Dental Littleborough is a foundation training practice. Dental foundation training is a post-qualification training period, mainly in general dental practice, which UK graduates need to undertake in order to work in NHS practice.

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 MF Dental Littleborough was the company operations manager.

On the day of inspection we collected 17 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists including the foundation dentist, two dental nurses, a dental hygienist, the acting practice manager and the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Wednesday 09:00 to 19:00

Tuesday, Thursday and Friday 08:30 to 17:00

Our key findings were:

- The practice was generally clean and well maintained. The cleanliness in some areas could be improved.
- 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 carried out risk assessments to help them manage risk but not all the actions for these had been carried out.
- 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 lack of a practice manager had impacted on the leadership of the practice. Staff told us they felt supported by the organisation 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 but this was not always documented.

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 from 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 cleaning schedules, waste segregation processes and the current legionella risk assessment, to implement the required actions including the monitoring and recording of water temperatures, giving due regard to the 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
- Review the staff's safeguarding training; ensuring all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review its responsibilities to the needs of people with a disability and the requirements of the equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.

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, they had been responsive and acted upon feedback.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff knew how to recognise the signs of abuse and how to report concerns but not all staff had received safeguarding training to the correct level.

Recent relevant alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), not been received.

The practice had not carried out all of the actions recommended in the 2016 Legionella risk assessment. Immediate action was taken to address this after the inspection.

Staff were qualified for their roles and the practice completed essential recruitment checks. The practice did not ensure that essential checks were carried out on agency staff.

Premises and equipment were generally clean and properly maintained. The practice followed national guidance for cleaning and sterilising dental instruments. The procedures for transporting and storing instruments could be improved.

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

No
action


Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful and friendly. 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.

We received feedback about the practice from 17 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, efficient and helpful. 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.

No
action


Summary of findings

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.

Staff considered patients' different needs. This included providing some facilities for disabled patients and families with children but the practice had not considered other reasonable adjustments.

The practice had access to telephone interpreter services but these had not been needed.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Details of verbal complaints were not documented.

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 although recommendations had not always been carried out and the latest infection control audit had not been carried out accurately.

A practice manager was not in post but 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 clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No
action




Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

Staff told us they discussed incidents to reduce risk and support future learning. We saw evidence that recent incidents had been recorded and acted upon.

Recent relevant alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), had not been received. The inspector alerted the registered manager on the day of the inspection; the inspector checked three devices to confirm that they were not affected by the alerts. The registered manager gave assurance that they would ensure all 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 and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training but seven members of clinical staff had not received training to the correct level. The registered manager told us this would be addressed. 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 reprimand.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice used a safer sharps system and followed relevant safety laws when using needles and other sharp dental items. A risk assessment had not been undertaken for the safe use of needles but this did not include the risk from other sharp instruments. We discussed this with the registered manager who gave assurance that this would be reviewed and risk assessed more thoroughly. Staff confirmed that only the dentists were permitted to assemble, re-sheath

and dispose of needles where necessary in order to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

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 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 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.

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.

The practice used a local dental nurse agency when they were short staffed. No checks were carried out by the practice to confirm their ID, qualifications, GDC registration, indemnity or immunity and the practice were not sure if the agency carried these out. This was brought to the attention of the registered manager to discuss with the locum agency before they used the service again. Locum staff received an induction to ensure that they were familiar with practice equipment and procedures.

Monitoring health & safety and responding to risks

The practice's health and safety policies were up to date and reviewed to help manage potential risk. The organisation had carried out risk assessments of general workplace and specific dental topics including the use of



Are services safe?

display screen equipment, lone workers, slips trips and falls. A full premises risk assessment was planned. 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 when they treated patients. The dental hygienists generally worked without a dental nurse but dental nurses were always available to assist for procedures if necessary.

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 cleaning, checking and sterilising 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 arrangements for transporting and storing instruments could be improved. The boxes used to transport instruments to and from the decontamination room were not labelled to identify whether the contents were dirty or clean. Not all sterilised instruments were bagged and arrangements were not in place to ensure these were reprocessed at the end of clinical sessions in line with guidance. The registered manager gave assurances that these areas would be addressed.

The practice had recently completed an infection prevention and control audit and we were told these would be done on a six-monthly basis. We reviewed the latest audit and found that not all questions had been answered correctly. For example, washer disinfectors were not in use, sharps boxes were not signed or dated, keyboards in clinical areas were not covered despite these all being ticked as in place.

A Legionella risk assessment had been carried out in 2016. The report stated that it was imperative that Legionella management began immediately but the recommendations to reduce the bacterial colony forming units in the dental unit waterlines and remove a pipe dead leg had not been acted upon. The new provider was

carrying out monthly water temperature testing and recording the results of these but they were not aware of the other recommendations in the report. The registered manager took immediate action to obtain a bactericidal cleaning kit for the water lines which was completed the following day and took further advice regarding further water quality testing.

We saw cleaning schedules for the premises. The practice was generally clean when we inspected and patients confirmed this was usual. We observed that some items of equipment such as dental nurse's chair, inside cupboards and the waiting room carpet would benefit from improved cleaning.

The staff records we reviewed with the registered manager provided evidence to support the 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. Evidence of a satisfactory level of protection was not available for three members of clinical staff. This was brought to the attention of the registered manager to follow up and risk assess staff as appropriate.

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 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 and the company clinical director carried out additional checks.

No action



Are services safe?

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

No action



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 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.

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. Specific consent forms were used for complex treatments.

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 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, efficient and helpful when trying to arrange appointments. We saw that staff treated patients in a professional, caring way and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding, several commented that they were no longer afraid of coming to the dentist. Patients could choose whether they saw a male or female dentist.

The layout of reception and waiting areas 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.

There was a variety of oral health information, magazines in the waiting rooms. Information folders and thank you cards 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.

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 photographs, videos and X-ray images when they discussed treatment options and patient comments confirmed this.

Are services responsive to people's needs?

(for example, to feedback?)

No action



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.

Patients were sent text messages and email reminders for upcoming appointments. Staff told us that they telephoned some patients on the morning of 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

A basic disability access self-assessment had been undertaken and the practice made some reasonable adjustments for patients with disabilities. These included an accessible toilet with hand rails and a call bell. We noted that the hand rail was becoming detached from the wall and advised the registered manager of this. The practice had not considered other reasonable adjustments such as ramp access. This was discussed with the registered manager to assess and action as appropriate.

Staff said they could provide information in different formats to meet individual patients' needs. They knew how to access interpreter and translation services but staff told us they had never needed to access these.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their 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. The website, 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 acting practice manager was responsible for dealing with these. Staff told us they would tell them about any formal or informal comments or concerns straight away so patients received a quick response.

The acting practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these but details of these were not documented. Information was not available about other organisations patients could contact if not satisfied with the way the practice dealt with their concerns, the registered manager gave assurance that this would be updated.

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 registered manager had overall responsibility for the management and of the practice. At the time of the inspection, a practice manager was not in post. The clinical team were supported by the practice manager of the nearest Gensmile practice and the registered manager. Staff knew the management arrangements and their roles and responsibilities.

The practice had updated 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 although recommendations had not always been carried out.

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 acting practice manager and the registered 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 management was approachable, would listen to their concerns and act appropriately. The acting 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 staff huddles where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. The team could also access advice and support from Gensmile head office and the area manager. These included audits of dental care records, X-rays and infection prevention and control although the latest infection control audit had not been carried out accurately. They had clear records of the results of these audits and the resulting action plans and improvements. Not all of the clinicians documented their reflections or action plans but the company clinical director also reviewed and carried out audits.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. There were plans to introduce staff appraisals but the lack of a practice manager had impacted on capacity. Staff told us they discussed learning needs, general wellbeing and aims for future professional development.

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 by providing access to in-house and online training.

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

The practice used 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, the availability of early morning and later appointments.

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.