

Firth Park Dent Ltd Partnership

Firth Park Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 12 January 2017 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

Firth Park Dental is situated in Sheffield, South Yorkshire. The practice provides predominately NHS dental treatments. The services include preventative advice and treatment and routine restorative dental care.

The practice has one surgery, a decontamination room, a waiting area and a reception area. The surgery, waiting area and reception area are on the ground floor. The decontamination room, staff facilities and toilets are on the first floor of the premises.

There is currently one dentist, one locum dental nurse and two receptionists. The new owner is currently recruiting a practice manager and a permanent dental nurse.

The opening hours are Monday to Friday 9-00am to 5-00pm.

The 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.

During the inspection we spoke with five patients who used the service and reviewed 10 completed CQC comment cards. The patients were positive about the care and treatment they received at the practice.

Summary of findings

Comments included staff were very caring, friendly and helpful. They also commented the dentist provided good explanations about treatment options and the practice was clean and tidy.

Our key findings were:

- The practice was visibly clean and uncluttered.
- The practice had systems in place to assess and manage risks to patients and staff including health and safety and the management of medical emergencies.
- Staff were qualified and had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- Dental care records showed treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed patients were treated with kindness and respect by staff.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- Patients were able to make routine and emergency appointments when needed.
- The governance systems were effective.
- There were clearly defined leadership roles within the practice and staff told us they felt supported, appreciated and comfortable to raise concerns or make suggestions.

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

- Review the security of the first floor storage room and the access to the second floor.
- Review the audit protocols to document learning points that are shared with all relevant staff and ensure 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.

Staff told us they felt confident about reporting incidents, accidents and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

Some restricted areas of the practice were not secure. We were told by the principal dentist that locks would be put on these doors.

No action



Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

The practice provided preventative advice and treatment in line with the 'Delivering Better Oral Health' toolkit (DBOH). This included fluoride application, oral hygiene advice and smoking cessation advice.

Staff had completed training relevant to their roles and were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

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

During the inspection we spoke with five patients who used the service and reviewed 10 completed CQC comment cards. Comments included staff were very caring, friendly and helpful.

We observed the staff to be welcoming and caring towards the patients. The receptionist was aware of the importance of providing emotional support to patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. Patients who required an emergency appointment would be seen the same day. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

Access for wheelchairs was possible to the premises via a side passageway and through the back door. The back garden area was cluttered and could cause an obstruction.

No action 

Are services well-led?

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

There was a clearly defined management structure in place and staff felt supported and appreciated in their own particular roles. The principal dentist was responsible for the day to day running of the practice.

The principal dentist had plans to share information with staff by means of monthly practice meetings which would be minuted for those staff unable to attend.

The principal dentist had set up a process to ensure clinical and non-clinical areas were audited as part of a system of continuous improvement and learning.

The principal dentist told us they would carry out regular patient satisfaction surveys in order to seek feedback from patients. We saw evidence of satisfaction surveys in the waiting area.

No action 

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

We spoke with the principal dentist, a receptionist and the locum dental nurse. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

The practice had guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. There had not been any significant events recorded since the new owner had taken over. We saw evidence of significant events having been recorded under the previous owner and these had been well documented and analysed. We were told any accidents or incidents would be reported to the principal dentist and would also be discussed at staff meetings in order to disseminate learning.

The principal dentist understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There was a RIDDOR policy available for staff to reference if necessary.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

On the day of inspection the practice did not have a process in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS). We saw evidence on the day of inspection a process to receive these was set up.

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The principal dentist was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training. Staff had a good awareness of the signs and symptoms of abuse and the need to refer to external organisations when applicable.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safer sharps system had been implemented at the practice.

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw patients' clinical records were computerised and password protected to keep personal details safe. Any paper documentation relating to patients' records were stored in lockable cabinets.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits was kept. We checked the emergency equipment and medicines and found them to be in date and generally in line with the Resuscitation Council UK guidelines and the BNF. We noted the practice did not have buccal midazolam in the emergency medicine kit. This was ordered during the inspection and we were sent evidence of this.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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).

Records showed regular checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured the oxygen cylinder was full and in good working order, the AED battery was charged and the emergency medicines were in date.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and

Are services safe?

professional registration. The principal dentist had not recruited any new members of staff. We were shown evidence of the process being implemented for a new member of staff who is due to start soon. The principal dentist told us they would carry out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks 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.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. We saw an environmental risk assessment had been carried out every year by the previous owner and we were told this would be carried on.

There were policies and procedures in place to manage risks at the practice. These included the use of the autoclave, manual handling and slips, trips and falls.

We noted the doors to a store room on the first floor and the second floor of the premises was not locked. These areas would not be safe for patients. The principal dentist told us a lock would be put on this door immediately.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The practice identified how they managed hazardous substances in its health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the

guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

Staff had received training in infection prevention and control. We saw evidence staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment room and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures.

The practice had systems in place for daily and weekly quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in January 2017 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care

Are services safe?

services to meet satisfactory levels of decontamination of equipment. This audit did not have an action plan. We were told on the day of inspection a new audit would be completed to ensure an action plan was formulated and any actions would be implemented.

Records showed a risk assessment process for Legionella had been carried out [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients and monitoring cold and hot water temperatures each month.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed in January 2017 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was storing NHS prescription pads securely in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads. Prescriptions were stamped only at the point of issue. A log was maintained of each prescription.

Radiography (X-rays)

The practice had a radiation protection file and a record of all x-ray equipment including service and maintenance history. Records we viewed demonstrated the x-ray equipment was regularly tested, serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the surgery and within the radiation protection folder for staff to reference if needed. We saw a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

We saw evidence an X-ray was being completed. We were told these would be completed at least annually to ensure compliance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentist carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary.

Health promotion & prevention

The practice provided preventative care and advice to patients in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH 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 dentist applied fluoride varnish to children who attended for an examination. Fissure sealants were also applied to children at high risk of dental decay. High fluoride toothpastes were recommended for patients at high risk of dental decay.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice would have a period of induction to familiarise themselves with the way the practice ran. The induction process would include the location of the emergency kit, the fire evacuation procedures and any further role specific guidance.

Staff told us they had access to on-going training and were encouraged to maintain the continuous professional development (CPD) relevant to their own particular role. The principal dentist told us they planned to organise in house training for medical emergencies on an annual basis.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with current guidance. A referral policy was in place which provided guidance on when and where to refer patients. Referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation.

The practice had a procedure for the referral of a suspected malignancy. This involved sending an urgent letter the same day and a telephone call to confirm the letter had arrived.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The dentist described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and

Are services effective?

(for example, treatment is effective)

make decisions. The dentist was familiar of the concept of Gillick competency clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began. We were told that individual treatment options, risks, benefits and costs were discussed with each patient. Patients were given a written treatment plan which outlined the treatments which had been proposed and the associated costs. The principal dentist had also created several consent forms for different treatments. These included root canal treatment, crown and bridge work and extractions. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented they were treated with care, respect and dignity. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone. The receptionist described to us in great detail how they ensured they interacted with patients in a kind and empathetic manner. They were aware of the importance of providing emotional support to patients.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients and keeping surgery doors shut during consultations and treatment.

We observed staff to be helpful, discreet and respectful to patients. Staff told us 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

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. The NHS price list was displayed in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day. Patients commented they were able to get emergency appointments when requested.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Adjustments had been made to the premises to accommodate patients with mobility difficulties. Wheelchair access was possible via a passageway and through the back door. We noted the back garden area and the path at the rear of the building was cluttered which would potentially limit access or be a trip hazard. The principal dentist told us this would be addressed immediately.

The principal dentist told us they had plans to renovate the premises to improve the access for those with limited mobility and wheelchair users. This would include a ground floor accessible toilet.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met their needs. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service. Information about the out of hours emergency dental service was available on the telephone answering service and in the window.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The principal dentist was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the principal dentist to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially. The practice had received one complaint in the past 12 months and we found it had been dealt with in line with the practice's policy.

Are services well-led?

Our findings

Governance arrangements

The principal dentist was responsible for the day to day running of the service. They were currently recruiting a practice manager who would oversee governance arrangements in the practice. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had an effective approach for identifying where quality or safety was being affected and addressing any issues. 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.

There was an effective management structure in place to ensure responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time.

The principal dentist was planning on holding monthly staff meetings. We saw that historically meetings had been conducted and minuted for those unable to attend. The principal dentist had a template meeting agenda which covered topics including significant events and complaints.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as infection prevention and control and X-rays. The principal dentist had set up a process to ensure audits were completed on a regular basis.

Staff told us they had access to training and were encouraged to complete essential training as required by the General Dental Council. This included medical emergencies and basic life support.

We saw the previous owner had conducted appraisals with staff where any training needs or areas for development were discussed. The principal dentist advised us they planned to continue the process of staff appraisals.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out patient satisfaction surveys. As the principal dentist had only been in position recently no survey had been completed as of yet. We saw evidence of survey forms in the waiting room. These included questions about the cleanliness of the practice

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