

Mr. Paul Gibbons

Hayes Croft Dental Surgery

Inspection Report

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Date of inspection visit: 9 August 2017
Date of publication: 29/08/2017

Overall summary

We carried out a follow-up inspection at Hayes Croft Dental Surgery on the 9 August 2017.

We had undertaken an announced comprehensive inspection of this service on the 19 June 2017 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the principal dentist wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to that requirement.

We reviewed the practice against one of the five questions we ask about services: are the services well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hayes Croft Dental Surgery on our website at www.cqc.org.uk.

We revisited Hayes Croft Dental Surgery as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements. We carried out this announced inspection on 9 August 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.

- Is it well-led?

This question forms the framework for the areas we look at during the inspection.

Our findings were:

Are services well-led?

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

Background

Hayes Croft Dental Surgery is in Barnsley and provides NHS treatment to patients of all ages.

Access into the practice is via a set of steps. The treatment room and main waiting areas are on the first floor. Alternative arrangements are available for patients with limited mobility. Car parking spaces are available near the practice.

The dental team includes one dentist, two dental nurses and a practice manager. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Summary of findings

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

The practice is open:

Monday 8.30am – 6.30pm

Tuesday, Wednesday, Thursday 8.30am – 5.00pm

Friday 8.30am – 2.00pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- The practice had systems to help them manage risk.
- The 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 practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.

There were areas where the provider could make improvements. They should:

Review the practice's current infection control audit with all staff and implement change where possible taking into account actions which cannot be immediately implemented by annotating a future date for review.

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 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.

The incident reporting process had been reviewed and an effective policy and reporting procedure was in place. Infection prevention and control procedures and equipment validation had been improved.

The practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports had been reviewed and an effective system was in place.

Staff were aware of the new processes implemented and regular training sessions had been planned to embed them within the practice.

We found processes involving the assessment of risk for sharps management, Control Of Substances Hazardous to Health (COSHH) and Fire safety had been improved.

We found all medical emergency medicines and equipment were now in place and a detailed log was kept. The temperature of the medicine fridge was now monitored and recorded.

Action had been taken to improve the format of recording detail in patient care records.

Archived dental care records were now stored securely.

Progress had been made in monitoring clinical and non-clinical areas of their work to help them improve and learn and only minor areas for improvement remained.

No action



Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff.

The practice had reviewed its infection prevention and control procedures giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum

01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. Essential equipment had been ordered and the validation processes were now effective. Staff were able to fully describe the processes implemented to ensure dental equipment was working effectively during instrument decontamination.

The practice's fire safety management processes were now fully embedded. Additional signage and smoke detectors had been installed and the detectors were checked and documented weekly. Fire extinguishers were due to be fixed in place and were all visible. Staff were able to tell us the fire evacuation procedure.

The practice had introduced a sharps incident immediate action protocol and all staff were now aware of who to contact for further assistance if necessary.

We reviewed the practice's COSHH folder and found all materials used at the practice were now listed and had been risk assessed. Safety data sheets for all COSHH materials used at the practice were now in place. All staff were aware of the new COSHH documentation.

The practice had implemented a policy for recording, investigating and reviewing incidents or significant events, with a view to preventing further occurrences and ensuring that improvements are made as a result. Staff were aware of the new policy and procedures to follow.

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) were now effective. Staff were aware of the changes made to the process of recording and retaining relevant documentation.

The practice had reviewed its protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

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. All necessary equipment had been ordered since our last visit and a weekly check sheet was in place to monitor stock levels and expiry dates.

Medicines requiring refrigeration were stored in line with the manufacturer's guidance and the fridge temperature was monitored and recorded.

The process for completing dental care records had been actioned to improve the level of detail being recorded.

Archived dental care records were now stored securely.

Leadership, openness and transparency

Staff told us there was an open, no blame culture at the practice. They said the principal dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held quarterly meetings where staff could raise any concerns. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and X-rays. They had records of the results of these audits and the resulting action plans and improvements.

Are services well-led?

The practice had recently completed an infection control audit and staff were aware that this should be repeated bi-annually. The current audit showed the practice was meeting the required standards to 92%. We identified some areas which still required improvement. For example, although occasional manual cleaning of instruments was being carried out; a manual cleaning protocol, an instrument soaking bowl and thermometer were missing from the process. Immediate action was taken on the day of the inspection to rectify some areas which were still outstanding on the action plan but further review of the action plan was required.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General

Dental Council requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

Staff had completed training on the Mental Capacity Act and a practice policy had been introduced. Staff awareness of Duty of Candour was improved and a policy had been introduced.

Staff told us training sessions on all new and existing policies held within the practice were being planned to ensure an overall awareness.

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

The practice used annual patient surveys to obtain staff and patients' views about the service.

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.