

Manningham Lane Dental Practice

259 Manningham Lane

Inspection Report

259 Manningham Lane
Bradford
West Yorkshire
BD8 7EP
Tel: 01274 499365
Website:

Date of inspection visit: 2 March 2017
Date of publication: 19/04/2017

Overall summary

We carried out an announced comprehensive inspection on 2 March 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 not providing well-led care in accordance with the relevant regulations.

Background

259 Manningham Lane is situated in Bradford, West Yorkshire. The practice provides NHS dental treatments to adults and children. 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. All of the facilities are on the ground floor of the premises along with toilet facilities. Due to the nature of the premises access for wheelchair users of those with limited mobility is restricted.

There are three dentists, one dental nurse and two receptionists.

The opening hours are Monday to Thursday from 9:00am to 6:00pm and Friday from 9am to 12:30pm.

During the inspection we received feedback from 51 patients. The patients were generally positive about the care and treatment they received at the practice. Comments included staff were polite, friendly and welcoming. Some patients were unhappy with the availability of appointments, frequently cancelled appointments and the dentists changing.

Our key findings were:

- The practice was visibly clean and uncluttered.
- The practice did not have effective systems in place to assess and manage risks to patients and staff.

Summary of findings

- Staff were qualified and had received training appropriate to their roles.
- A robust recruitment process was not followed.
- There was not a robust process in place to correspondence returned from hospitals was opened and stored appropriately.
- 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 complaints policy was not displayed and verbal complaints were not documented.
- The majority of patients were able to make routine and emergency appointments when needed.
- The governance systems were not effective. Policies had been recently implemented and staff were unfamiliar with these and how to access them.
- 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.
- Audit was not well embedded within the practice.
- Ensure a fire risk assessment and actions are implemented to ensure an effective risk management system is in place.
- Ensure infection control audits are undertaken at regular intervals and learning points are documented and shared with all relevant staff.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure a system for monitoring correspondence relating to referrals is implemented.

We identified regulations that were not being met and the provider must:

- Ensure the practice undertakes a Legionella risk assessment and implements the required actions 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'
- Ensure the practice knows about their responsibilities in regards to Control of Substances Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- We identified breaches of regulations 17 (Good governance) and 19 (Fit and proper persons employed) during this inspection. CQC is unable to take enforcement action against the provider regarding these breaches as they are registered with us as partnership but should be registered as a sole provider. Immediate steps are being taken by the provider to rectify the situation by submitting a registration application to us as a sole provider.
- 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 the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK).
- Review its responsibilities as regards to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.

Summary of findings

- Establish whether the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review the storage of dental care records to ensure they are stored securely.
- Review its complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by patients.

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.

There was not an effective system in place to report and learn from significant events, incidents or accidents. The practice did not have a system in place to receive patient safety alerts.

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

Staff were trained to deal with medical emergencies. Emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines with the exception of a portable suction device and a child mask for the self-inflating bag.

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.

The Control of Substance Hazardous to Health (COSHH) folder required updating to ensure all substances were included.

The local rules did not take into account the dual entrance to the surgery.

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 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 focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were encouraged to complete training relevant to their roles. The clinical staff 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



Summary of findings

Are services caring?

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

During the inspection we received feedback from 51 patients. The patients commented staff were polite, friendly and welcoming.

We observed the staff to be welcoming and caring towards the patients.

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

No action



Are services responsive to people's needs?

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

Some patients commented that they were unhappy with the appointment system, frequently cancelled appointments and dentists changing. The principal dentist was aware of this issue and had employed two new dentists.

There was a procedure in place for responding to patients' complaints. The complaints procedure was not displayed in an accessible location for patients. The practice did not record verbal complaints.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

There was no clear leadership within the practice. The principal dentist was only at the practice one day a week. Governance arrangements were not embedded within the practice. New policies had recently been introduced and staff were not familiar with these and were unsure how to access them.

A process for the safe recruitment of staff had not been followed.

Risks associated with the undertaking of the regulated activities were not appropriately managed. For example a fire risk assessment and a legionella risk assessment had not been carried out.

A process was not in place to ensure referral letters received back from secondary care were responded with appropriately.

Audit was not well embedded within the culture of the practice.

The practice was not pro-active in seeking feedback from patients. No patient satisfaction surveys had been carried out. Feedback on NHS choices was not responded to.

We identified breaches of regulations 17 (Good governance) and 19 (Fit and proper persons employed) during this inspection. CQC is unable to take

Requirements notice



Summary of findings

enforcement action against the provider regarding these breaches as they are registered with us as partnership but should be registered as a sole provider. Immediate steps are being taken by the provider to rectify the situation by submitting a registration application to us as a sole provider.

259 Manningham Lane

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, the dental nurse and two receptionists. 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 did not have an effective system in place to report incidents and accidents. The practice used a book to record incidents and accidents. We saw an incident which occurred had been documented inadequately as there was no evidence of who had sustained the needle stick injury. Staff described to us a flood had occurred in the flat above the practice. This had led to some cosmetic damage to the ceiling of the waiting area. This had not been documented as a significant event.

The principal dentist had an understanding of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

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.

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) or through the Central Alerting System (CAS).

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. Staff had access to contact details for both child protection and adult safeguarding teams. Staff were unsure who the safeguarding lead was within the practice. Some thought it was the principal dentist and others thought it was one of the receptionists.

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 was not in use but a process was in place to reduce the likelihood of staff sustaining a sharps injury.

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.

The practice had a whistleblowing policy. Staff were unable to easily locate this policy. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

We saw patients' computerised clinical records were password protected to keep personal details safe. Paper documentation relating to patients' records were stored in lockable cabinets. We were told these cabinets were not always locked at night.

Medical emergencies

Staff 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 line with the Resuscitation Council UK guidelines and the BNF with the exception of a portable suction device and a child mask for the self-inflating bag.

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 did not have an effective process in place for the recruitment of staff.

We looked at two staff recruitment files and found they did not have the required checks in place. For example we saw references and proof of identity had not been sought for new staff and there had not been checks with the Disclosure and Barring Service (DBS). The DBS checks

Are services safe?

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

The practice did not have a proactive approach to risk management. For example, a fire risk assessment was not available on the day of inspection. There were no smoke alarms and no fire alarm system in place. There was a second fire escape but the sign was not illuminated. There was no history of fire drills having taken place.

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. This had not been updated or reviewed recently and we found several substances missing from the folder.

Infection control

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)'. The dental nurse was the infection control lead and was responsible for overseeing the infection control procedures within the practice.

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 room 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.

An infection prevention self- assessment audit had not been carried out since January 2013. This audit is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. This audit should be carried out every six months.

A Legionella risk assessment had not been carried out. No water temperature tests were carried out. Water lines were flushed at the beginning and end of each session and between patients and a water conditioning agent was used.

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 March 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

Are services safe?

We saw the practice a system for checking deliveries of blank NHS prescription pads. These were stored securely. The in use prescription pad was stored in the surgery and not locked away at night. Prescriptions were stamped only at the point of issue.

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 radiation protection folder for staff to reference if needed. The local rules did not reflect the fact the surgery had a dual entrance.

We saw a justification, grade and a report was documented in the dental care records for all X-rays which had been taken. The computer package which the practice used was capable of doing an audit of the quality of all X-rays which had been taken in the last year. The results of the most recent audit undertaken confirmed they were compliant 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 and paper 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 necessary.

Health promotion & prevention

The practice provided preventative care and support 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 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 was given to patients where appropriate. There were health promotion leaflets available in the waiting room to support patients.

Staffing

There was no evidence of an induction process having been carried out on the two new dentists who started recently. These dentists were not working on the day of inspection so we were unable to ascertain whether one had taken place or not.

Staff told us they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Staff were responsible for monitoring their own CPD.

The practice organised in house training for medical emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

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. For example, 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 fax the same day and a telephone call to confirm the fax had arrived.

A system to monitor correspondence received back from hospitals or specialist dental services was not in place. We found letters in drawers in an unused surgery that had not been actioned or filed. Three of these letters were received in March and April 2016. Two of these letters required some follow up actions to be made by the dentist. One related to a filling which was needed and the other required the patient to be referred back after a period of time.

Consent to care and treatment

Patients were given information to support them to make decisions about the treatment they received. The dentist

Are services effective?

(for example, treatment is effective)

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 make decisions.

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. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone. Patients commented staff were polite, friendly and welcoming

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. 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.

Patients were also informed of the range of treatments available on notices and leaflets in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Some patients commented they were unhappy with the appointment system, frequently cancelled appointments and dentists changing. The principal dentist advised us this had been a problem recently as they had problems recruiting dentists to work at the practice. We were told the two new dentists would be staying at the practice which would keep cancellations down to a minimum and increase the availability of appointments.

Staff told us patients who requested an urgent appointment would be seen within 24 hours if not the same day. The practice did not have dedicated emergency slots, instead patients were asked to come to sit and wait for an appointment during a quieter time of the day.

Tackling inequity and promoting equality

Due to the nature of the premises there was limited accessibility for wheelchair users and those with limited mobility.

Access to the service

The practice displayed its opening hours on the front door.

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.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were no details of how to raise a complaint displayed for patients to see.

The principal dentist was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially. There had been one complaint received in the past 12 months. Correspondence in relation to this complaint had been documented. Staff described to us patients had made verbal complaints. These had not been formally documented in the complaints folder.

Are services well-led?

Our findings

Governance arrangements

The principal dentist was responsible for the day to day running of the service. They were only present at the practice one day a week.

The practice's governance system was inadequate. For example, the principal dentist had recently implemented a series of policies for the practice. These had been introduced to the practice three days prior to the inspection and had not been adapted to reflect the individual nature of the practice. Staff were not familiar with these policies and could not easily locate a policy when asked to. For example, the whistleblowing policy or safeguarding policy. We saw there were some old policies available but these had not been updated or reviewed recently.

A robust process was not in place to ensure correspondence in relation to referrals was dealt with appropriately. This was highlighted by the fact we found several letters received back from hospitals or specialist dental services which had not been actioned or reviewed. We identified two cases which required the patient to be followed up.

The practice did not have a recruitment process in place in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw the two most recently members of staff had not been checked by the Disclosure and Barring Service (DBS), did not have any references and there no evidence the principal dentist had sought proof of identity.

Risks associated with the undertaking of the regulated activities were not appropriately managed. For example, a fire risk assessment was not available on the day of inspection and a Legionella risk assessment had not been carried out.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. Regular staff meetings did not take place. Any issues were discussed on a daily basis through informal un-documented discussions.

Learning and improvement

Quality assurance processes were not well embedded within the practice. For example, an X-ray audit had not been formally carried out. Instead, the computer software package was used to demonstrate an X-ray audit was carried out. This audit had not been put in the radiation protection folder for future reference. An Infection prevention audit had not been carried out since January 2013. This audit should be completed on a six monthly basis.

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

The practice was not proactive in seeking feedback from people using the service. They had not carried out any satisfaction surveys. We saw the principal dentist had not responded to negative feedback on NHS choices. The only feedback system in place was 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.