

Mr Edward Abdur Rashid Sarker

Copley Dental Care

Inspection Report

Glendene
Wakefield Road
Copley
Halifax
West Yorkshire
HX3 0UA
Tel: (01422) 355667
Website:

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Overall summary

We carried out this announced inspection on 26 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information of concern.

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 not providing well-led care in accordance with the relevant regulations.

Background

Copley Dental Care is near Halifax and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. The practice has a small dedicated car park.

Summary of findings

The dental team includes one dentist, three dental nurses (two of whom are trainees), one dental hygiene therapist and one receptionist. The practice has two treatment rooms.

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.

On the day of inspection we collected 30 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open:

Tuesday to Friday from 10:00am to 6:00pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance. The practice did not have a cleaning schedule for environmental cleaning.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice's process for managing risk could be improved with respect to fire and sharps.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Improvements could be made to the recruitment process with respect to seeking Disclosure and Barring Service (DBS) checks.

- The clinical staff provided patients' care and treatment in line with current guidelines. Dental care records lacked sufficient detail especially with regards to consent.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided.
- The practice had a complaints policy in place.
- Improvements could be made to the process for carrying out the infection prevention and control audit.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review the practice's protocols for recording in the patients' dental care records a report for the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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.

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

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

Improvements could be made to the fire risk assessment including the testing for emergency lighting and the fire alarm.

Staff were qualified for their roles. Improvements were required to the recruitment process.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. The practice did not follow nationally recognised guidance for environmental cleaning.

The practice had suitable arrangements for dealing with medical and other emergencies. Improvements could be made to the storage of the glucagon.

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. We reviewed a selection of dental care records with the dentist to corroborate our findings. Dental care records we saw lacked detail and did not follow nationally recognised guidance. X-rays were not always reported on or graded for quality assurance processes. Medical history forms were not always fully completed by patients.

Patients described the treatment they received as excellent, high quality and efficient. The dentists discussed treatment with patients so they could give informed consent. There was no detail in dental care records of what options or risks had been discussed when gaining informed consent.

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.

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

We received feedback about the practice from 30 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, polite and friendly. They said that they were given good explanations about dental treatment and said the dentist listened to them. Patients commented that staff 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. We noted the computer screen on the reception desk was visible from a particular area of the waiting room and personal patient data could be seen including patient's addresses and telephone numbers.

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 facilities for disabled patients and families with children. The practice had access to interpreter services. A Disability Discrimination Act audit had been carried out. Not all of the improvements identified had been implemented.

The practice took patients views seriously. A complaints policy was readily available for patients if required.

No action 

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the requirement section at the end of this report).

The practice had some arrangements to ensure the smooth running of the service. Improvements could be made to the systems for reducing the risk associated with fire and the handling of sharps. Both the fire and sharps risk assessments were generic and did not reflect current regulation.

Improvements could be made to the recruitment procedure and process for environmental cleaning. Two trainee dental nurses did not have DBS checks. Environmental cleaning did not take into account nationally recognised guidance and there was no environmental cleaning schedule.

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

The practice team kept patient dental care records which were stored securely.

The practice monitored clinical and non-clinical areas of their work. Improvements could be made to the process for carrying out the infection prevention and control audit. The infection prevention and control audit did not reflect our findings on the day of inspection.

Requirements notice 

Summary of findings

The practice asked for and listened to the views of patients.	
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Are services safe?

Our findings

Reporting, learning and improvement from incidents

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

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future 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. 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 recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year.

Staff told us the clinicians used a single handed scoop technique to re-sheath needles. The sharps risk assessment was a generic one and did not state that either the clinician was responsible for sharps or that the single handed scoop technique was used. The risk assessment did not include the risk from other sharp dental items.

The dentist did not use rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment. We were told the dentist attached root canal instruments with floss and used high volume aspiration when carrying out root canal treatment to protect the patient's airway.

The practice had a business continuity plan describing how the practice would deal 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. Glucagon, which is required in the event of severe low blood sugar was not kept in the fridge and the date was not adjusted according to manufacturer's guidance. This was discussed with the principal dentist.

Staff kept records of their checks of emergency equipment and medicines 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 five staff recruitment files. These showed the practice generally followed their recruitment procedure. We noted there was no evidence of Disclosure and Barring Service (DBS) checks for two trainee dental nurses.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice had health and safety policies and risk assessments to help manage potential risk. These covered general workplace and specific dental topics. The fire risk assessment and sharps risk assessment lacked detail. We noted some issues relating to fire risk. There was a fire exit sign in the waiting room which directed patients and staff to the back door. When we checked this door it was covered by a blind and it was locked. In addition, we saw the fire alarm was tested monthly and the emergency lighting was tested quarterly. These should be done weekly and monthly respectively. We also saw that when the fire extinguishers were last serviced it was suggested that a larger foam fire extinguisher should be ordered. This had not been done.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

Are services safe?

A dental nurse worked with the dentist and dental hygiene therapist when they treated patients.

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.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was checked in line with the manufacturers' guidance.

The practice had carried out an infection prevention and control audit in September 2017. This audit did not have an action plan associated with it. We identified issues with environmental cleaning which had not been picked up on the latest audit.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

The practice was clean when we inspected and patients confirmed this was usual. The practice did not have an environmental cleaning schedule.

Equipment and medicines

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

The practice stored and kept records of NHS prescriptions as described in current guidance. A log of what prescriptions had been given out was not maintained. We were advised this would be implemented.

Radiography (X-rays)

The practice had 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. The practice used an automated X-ray developer. A test X-ray was carried out approximately every month. A document in the radiation protection folder stated this test should be carried out weekly. We saw several examples of X-rays which had been taken which were not of diagnostic value. These X-rays had not been repeated.

We saw evidence that the dentist justified the X-rays they took. We saw inconsistent evidence the dentist reported on or graded X-rays.

The practice carried out X-ray audits following current guidance and legislation.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist assessed patients' treatment needs in line with recognised guidance. We reviewed a selection of dental care records with the dentist to corroborate our findings. Dental care records we saw lacked detail and did not include any information about an extra-oral examination. We also noted not all medical history forms were fully completed by patients prior to seeing the dentist.

We saw that the practice audited patients' dental care records to check that the dentist recorded the necessary information. The latest audit carried out recently had identified similar issues to what we identified on the day of inspection. We did not see any improvement as a result of this audit.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Health promotion leaflets were readily available in the waiting room.

The dentist 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 based on an assessment of the risk of tooth decay. The use of fluoride varnish was not documented in dental care records which we saw.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. Dental care records did not include any detail of what advice had been given to patients regarding smoking, alcohol consumption and diet.

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.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

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.

We noted the dentist's prescriptions to the dental hygiene therapist lacked detail. This had been identified by the dental hygiene therapist and we were told they were working together to improve the quality of referrals.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist 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. Dental care records lacked detail of how consent was sought. For example, we saw limited evidence the dentist recorded other options discussed with the patient or any associated risks of the treatment.

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 dentist was 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 we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were kind, polite and friendly. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Nervous patients commented staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room.

We noted the reception computer screen was visible to from a certain area of the waiting room. We raised this issue on the day of inspection and were told this would be addressed.

They stored paper dental care records securely.

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 dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. Detail of consent was not documented in dental care records we saw.

The practice had a selection of information leaflets about the range of treatments available at the practice. These included general dentistry and treatments for gum disease.

Are services responsive to people's needs?

(for example, to feedback?)

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.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rails and a call bell. A Disability Discrimination Audit had been completed in July 2015 and reviewed in July 2017. This had identified the need for a hearing loop. A hearing loop had not been acquired.

Staff said they could provide information in different formats to meet individual patients' needs. They had access to interpreter services and one member of staff was multi-lingual. These were Urdu and Punjabi.

Access to the service

The practice displayed its opening hours in the premises and in their information leaflet.

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 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 principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

No complaints had been received in the past 12 months.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. 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. Improvements could be made to the fire and sharps risk assessments. These were both generic risk assessments and had not been adapted to the practice. Improvements could be made to the processes for reducing the risks associated with fire, for example, checks on the fire alarm and emergency lighting were not carried out at the correct intervals, the rear fire door was locked and the practice had not acted on the recommendation to obtain a larger fire extinguisher.

Improvements could be made to the recruitment process. We noted that two trainee dental nurses did not have a DBS check in their recruitment folder.

Improvements could be made to the process for environmental cleaning. The practice did not have an environmental cleaning schedule. There were also only two mops (clinical areas and washrooms) where three would be required to include general areas.

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 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 meetings 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. These included audits of dental care records, X-rays and infection prevention and control. We noted the infection prevention and control audit did not have an action plan associated with it and referred to out of date guidance. We identified issues with environmental cleaning which had not been picked up on the latest audit.

We saw that the practice audited patients' dental care records to check that the dentist recorded the necessary information. The latest audit carried out recently had identified similar issues. We did not see any improvement as a result of this audit.

The principal dentist 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 continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys to obtain staff and patients' views about the service. The results of the most recent patient survey indicated a high level of satisfaction with 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The registered provider failed to ensure a cleaning schedule was in place and appropriate cleaning equipment was available. <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The registered provider failed to ensure the fire and sharps risk assessments were detailed or in line with current regulation.• The registered provider failed to ensure regular testing of the fire alarm and emergency lighting was carried out.• The registered provider failed to ensure all fire exits were clear and open.

This section is primarily information for the provider

Requirement notices

- The registered provider failed to ensure the recommended fire extinguishers were available.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- The registered provider failed to ensure the infection prevention and control audit had an action plan associated with it.
- The registered provider failed to ensure all staff had a DBS check.