

Dr. Carl William Taylor

Taylorred Dental Care of Idle

Inspection Report

450 Highfield Road
Idle Bradford
BD10 8RU
Tel:01274611834
Website:www.taylorreddentalcare.com

Date of inspection visit: 13 July 2015
Date of publication: 03/09/2015

Overall summary

We carried out an announced comprehensive inspection on 13 July 2015 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.

Are services responsive?

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

Are services well-led?

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

Taylorred Dental Care provides a wide range of dental treatment options from preventative and general dentistry to cosmetic dentistry, implants and orthodontics. Treatment is available to NHS patients under 18 and private patients over the age of 18 years.

The staff structure consists of two dentists, a dental therapist, three dental nurses a practice manager and a receptionist. The practice was open from 9.00am to 17:30pm Monday to Thursday and from 9.00am to 12:00 on Friday. The practice was closed from 12:30 to 1:30pm each day for lunch.

The practice is housed in a converted property across two floors. The reception and waiting area are on the ground floor with treatment rooms and separate decontamination on the first floor. There is a stair lift to the first floor to assist patients with restricted mobility.

Feedback was given by patients who completed the practices on line survey. The results confirmed that overall patients were happy with the service provided and would recommend the practice to others. We spoke with four patients during the visit. Patients were positive and complimentary about the service they received and the helpful and friendly staff. Patients also confirmed they had been well informed about their treatment at each visit.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Summary of findings

- The practice provided a clean well equipped environment.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had effective systems in place for identifying and managing patient safety incidents.
- Staff managed the decontamination of dental instruments in line with published guidance.
- The practice sought feedback from staff and patients about the services they provided.

- The practice had an accessible and visible leadership team. Staff on duty told us they felt supported by the leadership team.

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

- Maintain accurate recruitment records for all staff
- Undertake regular audits of x-rays to inform the quality of performance and safety of patients
- Review the storage of emergency and sedation medicines to reduce the risk of them being accessed inappropriately.

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 responded to national patient's safety and medicines alerts and took appropriate action. Information was regularly shared with staff. Significant events, complaints and accidents were recorded appropriately, investigated and analysed then improvement measures implemented. Patients were informed if mistakes had been made and given suitable apologies.

Staff had received training in safeguarding and knew the signs of abuse and who to report them to. We confirmed staff were suitably trained and skilled and there were sufficient numbers of staff available to support patient's health needs.

Infection control procedures were in place and radiation equipment was suitably sited and used by trained staff only.

Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained.

Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner.

Staff understood the Mental Capacity Act (2005) and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16.

Are services caring?

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

Patients were complimentary about the practice and how the staff were caring and sensitive to their needs. Patients commented positively on how caring and compassionate staff were, describing them as approachable, patient and understanding.

Patients felt listened to by all staff and said they were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each option.

Are services responsive to people's needs?

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

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen the same day. They would see any patient in pain; the dentist would extend their working day if required.

Summary of findings

The treatment rooms and patient toilet were on the first floor with a stair lift available for patients with limited mobility. The ground floor waiting area and reception had level access.

The practice handled complaints in an open and transparent way and apologised when things went wrong.

Are services well-led?

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

There was an effective leadership structure led by the lead dentist (the provider) and the practice manager. Staff had clear roles and responsibilities and understood how they impacted on the quality of the service. Staff told us they felt supported and involved in service improvements through effective team communication.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place.

Taylorred Dental Care of Idle

Detailed findings

Background to this inspection

The inspection took place on 13th July 2015. The inspection was led by a CQC inspector who had access to remote advice from a specialist dental advisor.

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.

Prior to the inspection we reviewed the information we already held about the service, requested some basic

information from the provider and gathered information from their website. We informed the NHS England area team and the local Health Watch that we were inspecting the practice; and we did not receive any information of concern from them.

During the inspection we spoke with the lead dentist, two dental nurses, the practice manager, the receptionist and four patients.

We looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We also spoke with four patients. Unfortunately the practice had not received any CQC comment cards to distribute to their patients; however we were able to look at the responses from the practice's patient survey.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice maintained clear records of significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentists or the practice manager. The dentists and staff spoken with had a clear understanding of their responsibilities in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available.

The practice responded to national patient safety and medicine alerts that were relevant to the dental profession. These were received in a dedicated email address and actioned by one of the dentists or the practice manager. For instance they had received a recent alert regarding a potential hazard regarding roller blinds cords. The practice therefore changed the blinds to minimise risk to patients. Where alerts affected individual patients, it was noted in their electronic patient record and this also alerted the dentists each time the patient attended the practice. Medical history records were updated to reflect any issues resulting from the alerts.

Records we viewed reflected the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

Reliable safety systems and processes (including safeguarding)

The practice had a named member of staff with lead responsibility for safeguarding issues. No safeguarding concerns had been raised about patients registered with the practice. We found staff had received training in safeguarding adults and child protection and could demonstrate an awareness of the reporting procedures. This included access to local authority contacts. Staff displayed good knowledge of the possible signs of abuse and the action they would take.

Care and treatment of patients was planned and delivered in a way which ensured their safety and welfare. Patients

told us they were asked to complete a medical history; these were reviewed at each appointment. We saw records that confirmed this. The dentist was aware of any health or medication issues which could affect the planning of a patient's treatment. These included for example any underlying allergy, the patient's reaction to local anaesthetic or their smoking status. All health alerts were recorded on the front of the patient's dental care record.

Medical emergencies

The practice had emergency medicines in place and all staff had been trained in basic life support to respond to a medical emergency. All emergency equipment was readily available and staff knew how to access it. We checked the emergency medicines and found that they were of the recommended type and were all in date. A system was in place to monitor stock control and expiry dates.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a disclosure and barring service check was necessary.

We looked at two staff files and found that this process had not always been followed. We found that not all records were in place. For instance some important recruitment checks were missing. We talked to the practice manager who had been in post for three months. They told us the checks had taken place but the documentation was not in place. We confirmed with staff that checks had been made. We also saw from our previous inspection that these documents were complete. The practice manager confirmed that they would ensure that the missing recruitment records would be in place with immediate effect.

Staff told us they had been interviewed for their job and told us they had completed an induction programme. They also worked alongside experienced staff before they worked alone.

All qualified staff were registered with the General Dental Council (GDC). There were copies of current registration

Are services safe?

certificates and personal indemnity insurance. (Insurance professionals are required to have in place to cover their working practice). We also saw evidence of appropriate immunisation records.

Monitoring health & safety and responding to risks

The practice had carried out a practice risk assessment in 2014 which included fire safety. There was guidance in the waiting room for patients about fire safety and the actions to take.

Staff were aware of their responsibilities in relation to the control of substances hazardous to health (COSHH), there had been a COSHH risk assessment done for certain materials used at the practice to ensure staff knew how to manage these substances safely.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by ensuring sharps bins, were stored appropriately in the treatment rooms.

Infection control

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse, who was the designated person in the decontamination room. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health - 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for cleaning and sterilising dental instruments was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident the equipment was in good working order and being effectively maintained.

Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated the process to us, from taking the dirty instruments out of the dental surgery through to cleaning and preparing for use. We observed dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The surgery was visibly clean and tidy. There were stocks of personal protective equipment for both staff and patients such as gloves and aprons. The trainee dental nurse was responsible for cleaning all areas of the practice in the mornings/evenings and wiping down all surfaces and the dental chair in-between patients.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella, a particular bacteria which can contaminate water systems in buildings). Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in the water systems.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines; this mitigated the risk to staff of infection. We observed sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

Equipment and medicines

Records we viewed reflected equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Emergency medicines and medication for sedation were held by the practice. Medicines in use were checked and found to be in date. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. We saw that emergency medicines and medicines used for sedation were stored in a store room with easy access in case of an emergency. However, we noted that emergency and sedation medicines were stored in an area which could potentially have been

Are services safe?

accessed by patients as they walked through the practice. This was discussed with the lead dentist (provider) who agreed that this would be reviewed to ensure safe storage of medicines and the safety of the patients.

Radiography (X-rays)

X-ray equipment was situated in each treatment room. The X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These were clearly displayed with the equipment and accessible to staff. A radiation protection advisor and supervisor had been appointed to ensure the equipment was operated safely and by qualified staff only.

The practice had documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated the X-ray equipment was regularly tested, serviced and repairs undertaken when required. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely.

We asked the staff for the radiograph (X-ray) protection file. We were informed that this used to be used but was no longer in place. The lead dentist (provider) explained that that X rays were recorded on the patient's individual notes. We saw X-rays, pertaining to three patients. We confirmed that when an X-ray were taken a clinical evaluation and quality was recorded. However, we did not see any mechanisms for auditing the results over a given period of time to ensure staff were following best practice recording procedures and were using the equipment effectively. We were told that an audit would now be put in place and a protection radiograph file maintained.

Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

When patients attended the practice for a consultation we found they received a thorough assessment of their dental health needs. Medical history, list of medications and whether they had any allergies were obtained from the patients and regularly updated.

The dental assessments were completed in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC). This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and observation for the signs of mouth cancer. The dentist discussed the findings and treatment options, risks, benefits and costs. The practice provided a wide range of dental treatment options from preventative and general dentistry to cosmetic dentistry, implants and orthodontics.

The patient records were updated with the proposed treatment and reflected discussions with the patient. We confirmed that discussion regarding fees was recorded. All of the records we checked contained clear and detailed information.

Patients spoken with confirmed they were satisfied their needs were responded to with the right treatment at the right time.

Health promotion & prevention

The dentist provided patients with advice to improve and maintain good oral health. Patients said they were well informed about the use of fluoride paste and the effects of smoking on oral health. Staff spoken with were aware of the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

Information leaflets on oral health were made available to patients.

Staffing

We observed all staff working professionally and there was a friendly atmosphere at the practice. Staff we spoke with told us that the staffing levels were suitable for the size of the service.

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Records showed staff were up to date with their continuing professional development (CPD). (All people registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration.) Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance.

Regular monthly practice meetings were held with all staff. Staff we spoke with told us they felt supported and enjoyed working at the practice. They felt able to raise areas for discussion both informally and formally at practice meetings.

Working with other services

When patients had concerns about or more complex dental issues, the dentists referred them to secondary (hospital) care when necessary. This included, for example assessment at a dental hospital for assessment or treatment by oral surgeons. The dentist explained the system and route they would follow for urgent referrals if they detected any unidentifiable lesions during the examination of a patient's soft tissues.

Consent to care and treatment

The practice ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and benefits of each option. Patients said the dentist explained their treatment; we saw these discussions were recorded in the patient dental care records. Patients were provided with a written treatment plan; this included information about the financial and time commitment of their treatment. Patients were asked to sign a copy of the treatment plan to confirm their understanding and consent to the proposed treatment. The clinical records we observed reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment. Patients said they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment.

Staff spoken with on the day of the inspection were aware of the requirements of the Mental Capacity Act 2005. The dentists told us how they would manage a patient who lacked the capacity to consent to dental treatment. They

Are services effective?

(for example, treatment is effective)

explained how they would involve the patient's family and other professionals involved in the care of the patient to ensure that the best interests of the patient were met. They had not as yet needed to obtain professional help for a patient.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed staff greeted patients in a friendly and welcoming way and were respectful to all. We spoke with four patients who confirmed their privacy was respected and staff were welcoming, kind and helpful.

People's clinical records were stored electronically; password protected and regularly backed up to secure storage. Archived paper records were kept securely. A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and the secure handling of patient information.

We observed the interaction between staff and patients and found privacy was respected and confidentiality was being maintained.

Involvement in decisions about care and treatment

Patients told us they had been well informed on each visit. They had been given good explanations about their treatment and felt fully informed. We saw evidence in the records that patients were given information to enable them to make a choice regarding their dental treatment. We also saw patients were asked to give their expressed consent prior to, during and on completion of their treatment to confirm they were satisfied with the overall treatment and results.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice used a variety of methods for providing patients with information. These included a practice website and patient welcome pack given to patients when they joined the practice. The welcome pack and website contained detailed information about their common purpose; to ensure that every patient experienced the very highest quality care with every treatment, every time. The pack also had details about professional charges, opening times and how to raise concerns about the level of care provided.

Staff explained the practice scheduled enough time to assess and undertake patients' care and treatment needs. This was evident when we reviewed the appointment system. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

Tackling inequity and promoting equality

The ground floor reception and waiting room had level access. The treatment rooms and patient toilet were on the first floor, with a stair lift available for patients with restricted mobility. The staff explained that future plans were to provide a ground treatment room to provide easier access for all patients.

Staff we spoke with explained to us how they supported patients with additional needs such as a learning disability.

They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen the same day. The practice opening hours were Monday to Thursday 9.00am to 5.00 pm and Friday 09.00am to 12.00. Outside these hours the practice answer phone directed patients to call the emergency telephone number, if they had a dental emergency.

Concerns & complaints

The practice had a system in place for handling complaints and concerns. Information about how to complain was in the practice patient information leaflet and available in the waiting area. Any verbal complaints were handled in the practice by the staff on duty at the time and discussed with the dentist at the end of the session.

We saw a complaints log which recorded one complaint received in the previous 12 months. We saw that had been resolved with a satisfactory outcome. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

Are services well-led?

Our findings

Governance arrangements

The practice statement of purpose indicated the overall ethos of the practice was to provide a professional service to their patients. The practice aimed to establish an individually-developed personal dental health regimen for each patient to meet their dental care needs and aimed for a good level of oral health. The practice also ensured all patients were fully involved in any decisions about dental treatment.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice and they felt valued and supported by the practice management team. Staff felt confident they could raise issues or concerns at any time with the provider or practice manager without fear of recrimination. All staff told us it was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice.

Staff had designated roles and each were responsible for aspects of the day to day running of the service. They led on the individual aspects of governance such as risk management and audits within the practice. There were systems in place to monitor the quality of the service.

Management lead through learning and improvement

Staff told us they had good access to training which was monitored by the practice manager to ensure essential

training was completed each year. In addition, staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

The dentist, dental therapist and nurses at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The practice manager kept a record to evidence staff professional registrations were up to date.

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

We saw that the service acted upon suggestions received from people using the service. For instance following patient feedback the practice reviewed the provision of seating in the practice.

The practice conducted regular staff meetings. Staff members told us they found these were a useful opportunity to share ideas and experiences which were always listened to and acted upon. We saw that the service acted upon suggestions received from people using the service.

The practice conducted regular staff meetings. Staff members told us they found these were a useful opportunity to share ideas and experiences which were always listened to and acted upon.