

The Courtyard Huddersfield Limited

The Courtyard Dental

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 25 July 2023 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean, tidy and well-maintained.
- The practice had infection control procedures which reflected published guidance. We highlighted minor improvements which could be made.
- Staff knew how to deal with medical emergencies. Improvements were needed to the medicines and life-saving equipment available. This was actioned immediately.
- The practice had systems to manage risks for patients, staff, equipment and the premises.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines. We signposted practice staff to updated guidance regarding antimicrobial prescribing, medicines management, the Mental Capacity Act and referrals for diagnostic scans.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- The practice used innovative communication methods with staff and patients.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

The Courtyard Dental is in Huddersfield city centre and provides private dental care and treatment for adults and children.

The practice is not accessible to wheelchair users. Local pay and display car parking is available near the practice. The practice has made reasonable adjustments to support patients with access requirements, through the provision of a ground floor treatment room and toilet. Patients with mobility issues could park in the courtyard by prior arrangement with the practice.

The dental team includes 6 dentists, 16 dental nurses (including 1 trainee), 5 dental therapists, 4 treatment coordinators, 5 practice managers, 2 receptionists and 1 administrator. The practice has 7 treatment rooms.

During the inspection we spoke with 2 dentists, dental nurses, 1 dental therapist, 1 receptionist and the practice managers. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Wednesday 8am to 8pm

Thursday to Friday 8am to 5pm

We noted innovative approaches to providing person centred care. For example, the practice used a secure communications app to enable patients to access information and advice direct from the team involved in their care and to participate in care planning discussions.

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

- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely and labelled appropriately before dispensing.

Summary of findings

- Improve the recording of consultations where pre-medication sedation is used.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam (Computed Tomography).
- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes in place. Staff completed training and knew their responsibilities for safeguarding vulnerable adults and children. We were shown examples where safeguarding processes were followed. We highlighted that clinical staff should complete level 2 training, in addition to the level 1 training already undertaken.

The practice had infection control procedures which reflected published guidance. We highlighted some minor areas for improvement. These included the use of solution to pre-soak instruments before decontamination, heavy duty gloves were not recorded as being changed weekly and protein residue testing was carried out less frequently than the expected weekly intervals.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. Staff responsible had received training and maintained records of water temperature testing.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. We highlighted some recommendations made in the most recent electrical installation inspection reports which had not been acted on. Evidence was sent after the inspection to show immediate action was taken after the inspection to engage with their electrical contractor to address these.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. Staff received fire marshal training and had detailed evacuation plans in place. We highlighted that six monthly fire drills should take place. The manager confirmed this would be actioned.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT) equipment. We noted local rules specific to the CBCT machine were not available to operators. The managers confirmed this would be addressed.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Improvements were needed in the day-to-day management of the emergency equipment and medicines and the checking processes to ensure these were in line with national guidance issued by the Resuscitation Council (UK) and the General Dental Council. The practice had 2 medical emergency kits as services are provided from 2 separate buildings. Expired items were not removed from the kits after replacements were obtained. There were some masks and airways missing or past their expiry date.

Are services safe?

One kit had aspirin which was not in the recommended dispersible form, while the second had adrenaline to treat life threatening allergic reactions but no needles or syringes to administer this.

Glucagon, which is required in the event of severe low blood sugar, was kept with the emergency drugs kit but the expiry date had not been date adjusted in line with the manufacturer's instructions.

We discussed our findings with the managers and signposted them to the guidance to review their systems. After the inspection evidence was sent that 2 complete kits were now in place and appropriate checking processes had been established.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines. The security of antimicrobial medicines should be improved in relation to storage and stock control. Antimicrobial prescribing audits were not carried out and we saw that clinicians were not following the most recent antimicrobial prescribing guidance.

Dispensed antimicrobial medicines were not always labelled as required by The Human Medicines Regulations 2012. We signposted them to the most recent guidance and resources to support its implementation.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The practice offered oral pre-medication sedation for patients. We saw evidence of discussion with patients about what this entailed, and patients attended with a chaperone. We noted information about oral sedation was not documented in patient care records and written consent was not obtained for this prior to the treatment appointment.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. We discussed inconsistent understanding of guidance relating to the Mental Capacity Act 2005 and in particular, best interest decisions and power of attorney. We highlighted the benefits of providing clear guidance and processes for staff to follow.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. The team of dental therapists and treatment coordinators worked with the dentists to ensure patients were fully involved in detailed discussions about their care. Clinical staff were trained to undertake digital intraoral scans and these detailed, 3D patient-specific images were shown to, and discussed with patients to ensure their understanding of any issues and proposed treatments.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. We noted audits of radiographs was not completed in line with national guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice placed an emphasis on skill mix and developed staff to work together, making best use of their skills for the benefit of patients.

Newly appointed staff had a structured induction, but this was not documented to demonstrate this was appropriate to their role. Clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment. In particular, the practice had a dental laboratory and team of technicians. The clinicians involved the dental technicians as appropriate, and restorations were produced onsite using digital and 3D technology to minimise delay for patients.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for dental implants and CBCT scans. We discussed the benefits of maintaining a log of patient referrals.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients had provided positive written feedback about the service and the staff.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment. The practice used a secure communications app to enable patients to access information and advice direct from the team involved in their care and participate in care planning discussions. Treatment specific care plans and consent forms were provided to patients which included the options, benefits and risks of the proposed care plan.

The practice's website, phone app and on-site information provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included for example, photographs, videos, 3D digital scans and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing support to patients when delivering care. They described how the treatment coordinators spent time with patients, encouraging them to talk through any concerns and providing emotional support as necessary to ensure they had all the necessary information for their care and were confident in their choices.

The practice had made reasonable adjustments to support patients with access requirements, through the provision of a ground floor treatment room and toilet, and a hearing loop for patients who use hearing aids. Patients with mobility issues could park in the courtyard by prior arrangement with the practice. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. They were exploring further options including a call bell at the front entrance. We highlighted that staff should complete disability and autism awareness training to help them understand and meet the needs of these patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information, mobile phone app and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. Patients had enough time during their appointment and did not feel rushed.

The practice's website, phone app, information and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. During public holidays incoming calls were triaged and clinical advice or treatment provided as necessary.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice staff demonstrated a transparent and open culture in relation to people's safety.

During the inspection, staff were open to discussion and feedback. Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues, action was taken to address these immediately.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs informally, during annual appraisals and in 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development. The practice held an annual conference for the whole team to discuss team culture, customer service, best practice and to celebrate their achievements.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. We highlighted some areas for improvement. In particular, ensuring staff completed disability and autism awareness training, and safeguarding training to the correct level for their role.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance. The inspection highlighted some additional risks including the system for checking emergency medicines and equipment, antimicrobial security and dispensing, and referrals for cone beam scans.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Are services well-led?

Feedback from staff was obtained through staff huddles, meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate. Staff were provided with mobile smartphones which were equipped with applications to quickly disseminate information and receive acknowledgement of this. These systems were also used to communicate as a whole team, and in role-specific groups as an effective way of 2-way communication with all staff.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We noted improvements should be made to the schedule for audits of both radiography and infection prevention and control. At present, these were not carried out in line with the frequency recommended in national guidance, Radiography audits were not carried out for all clinicians. We also discussed the benefits of carrying out audits of patient care records and antimicrobial prescribing.