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Scissett Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 15 June 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 and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises. Some additional risk was highlighted in relation to radiation protection information and investigation of incidents.
- 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.

Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines. The documentation of care was inconsistent, immediate action was taken to address this.
- 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.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- 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

Scissett Dental Practice is in Huddersfield and provides NHS and private dental care and treatment for adults and children. The practice provides orthodontics and dental implants on a private basis.

The practice is not accessible for people who use wheelchairs. Car parking spaces are available behind the practice with additional street parking. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 3 dental nurses including 1 trainee, 1 dental therapist, 1 compliance manager and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with both dentists, 1 dental nurse, the receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday 9am to 5.30pm

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

- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

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 and staff knew their responsibilities for safeguarding vulnerable adults and children. We highlighted more information could be provided about the range of safeguarding issues staff may encounter and signposted the compliance manager to additional resources to support this. The practice had Speak Up policies for staff to raise any issues, including for trainees to raise any concerns with their education provider.

The practice had infection prevention and control procedures which reflected published guidance. We saw audits of infection control were effective at highlighting and addressing issues and improvements as we saw actions had been taken, including zoning and workflow, and providing computer keyboard covers following an audit. We discussed that a section of the wall in the decontamination room should be reviewed as this was damaged which inhibited cleaning. Airflow in the decontamination room should be reviewed. A fan in the centre of the room appeared to blow air inwards. The provider confirmed they would address and rectify this without delay.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We noted the risk assessment report highlighted a schematic diagram be produced. Schematic diagrams are designed to show the components that are relevant to the risk from legionella, such as taps and out-of-use pipes or water tanks. The provider had cleared out areas of the practice previously used for storage to enable this to be carried out, they confirmed they would implement this without delay.

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 tidy, 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, maintained and serviced according to manufacturers' instructions. The practice highlighted any relevant risks to the landlord to ensure the premises and facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. We noted servicing of the fire alarm system and emergency lighting were overdue but staff carried out and documented weekly checks of these to ensure they were in working order. The provider confirmed after the inspection this had been carried out.

The practice had arrangements to ensure the safety of the X-ray equipment. We reviewed the required radiation protection information available and noted quality assurance could be improved. Recommendations had been made to adjust the dosages on 2 of the X-ray units; The provider confirmed this had been actioned, but not documented. Local rules were not up to date with the recommended dosage levels and did not identify key personnel such as the radiation protection advisor or supervisor. These were updated and evidence sent after the inspection.

Risks to patients

Are services safe?

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. Staff had completed sepsis awareness training. Sepsis prompts and posters were displayed throughout the practice.

We highlighted that a lone working risk assessment should be in place for the cleaner.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and immediate life support training every year. Medical emergency arrangements were discussed as part of the induction for new staff who also completed online training until they were able to attend a hands-on course.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. The provider had also sourced a reference poster for staff to refer to when carrying out risk assessments or using hazardous substances.

Information to deliver safe care and treatment

Patient care records were 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 systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. We signposted the provider to nationally recognised audit tools to support this process as some records lacked a documented justification for prescribing medicines.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. We noted that 2 sharps incidents and one 'near miss' occurred in the last 12 months. These had been reported and documented but the reports lacked any evidence of further follow up, investigation or learning. We discussed this with the provider to ensure in future where staff attend occupational health, that the practice can demonstrate their advice is followed, and actions taken as necessary to prevent reoccurrence.

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.

One of the dentists provided private orthodontic treatment. Patient assessments were in line with recognised guidance from the British Orthodontic Society.

We saw the assessment and 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 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. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Patient feedback confirmed the dentists involved them in decisions about their care and treatment.

Monitoring care and treatment

The systems to keep patient care records were not consistently in line with recognised guidance. We noted some patient care records lacked detailed and up to date assessments of care.

We signposted the provider to tools and resources to support better systems to maintain patient care records and the auditing of these.

After the inspection, the provider carried out and sent a detailed audit and action plan describing how the inspection and audit findings would be acted on to improve the systems to consistently maintain patient care records.

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.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a role-specific structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Staff monitored referrals through an electronic referral and tracking system to make sure they were dealt with promptly.

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 feedback said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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, and patient feedback reflected this.

The practice's website and patient information folder 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 study models 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 emotional support to patients when delivering care. They had completed disability and autism awareness training. Information was available to support staff to access interpreter services where required.

The practice had made reasonable adjustments for patients with access requirements. Staff asked patients if they had any additional needs and ensured patients with mobility impairments were seen in the ground floor treatment room. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. For example, they had tried portable ramps to provide wheelchair access to the premises without success and were in the process of assessing whether a permanent ramp could be an option.

Timely access to services

The practice displayed its opening hours and provided information on their website, in the premises and patient information.

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. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines.

The practice's website, information and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. 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 provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve. The practice had been impacted by staff (including a clinician) leaving and current recruitment difficulties in the dental sector. The provider had evaluated the impact of staff in lead roles leaving and implemented an online dental compliance tool to review systems and processes. New staff were in the process of discussing and embedding these.

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

Staff discussed their training needs informally, during annual appraisals, meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

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. The dental compliance tool enabled the provider and compliance manager to maintain oversight of the governance system.

We saw there were processes for managing risks, issues and performance. We highlighted and discussed some additional risks in relation to radiation protection information, systems to review and investigate incidents, systems to maintain patient care records and minor issues in infection prevention and control. The provider and staff were open to feedback and took immediate actions to address the concerns raised during the inspection and send evidence to confirm that action had been taken. We were assured they demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

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 surveys from patients, the public and external partners. These provided a positive view of the dental team and care provided by the practice. Staff demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through 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.

Are services well-led?

Continuous improvement and innovation

The systems and processes for learning, quality assurance and continuous improvement were in need of review. Audits of patient care records, radiographs and antimicrobial prescribing did not have conclusions, action plans or improvements. After the inspection, the provider carried out and sent a detailed audit and action plans describing how the inspection and audit findings would be acted on to improve the systems to consistently maintain patient care records.