

Upper Denby D C Limited

# Upper Denby Dental Care

## Inspection report

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Upper Denby  
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### Overall summary

We carried out this announced focussed inspection on 18 August 2021 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we asked the following three questions:

- Is it safe?
- Is it effective?
- 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 this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services well-led?**

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

# Summary of findings

## Background

Upper Denby Dental Care is on the outskirts of Huddersfield and provides private dental care treatment for adults and children.

There is disabled access at this location with treatment rooms based on the ground floor. Car parking spaces are available at the practice car park.

The dental team includes three dentists, one dental hygienist, a practice manager and five dental nurse/receptionists. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Upper Denby Dental Care is the principal dentist.

During the inspection we spoke with a dentist, dental nurse, dental hygienist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8:30am-5pm.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- The provider had implemented standard operating procedures in line with national guidance on COVID-19.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- A legionella risk assessment was in place, we found records did not show correct monitoring of water temperatures and key staff had not completed training in legionella awareness and management.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients dental care records did not include all detail required by General Dental Council standards.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff were involved, supported and worked as a team.
- The provider's recruitment of staff did not follow the organisations own recruitment procedure or reflect current legislation and the provider did not have oversight of staff training.

We identified regulations the provider was not complying with. They must:

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

**Full details of the regulation the provider was not meeting are at the end of this report.**

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	Requirements notice	✗

# 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)**

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider carried out infection prevention and control audits annually. We advised that national guidance (HTM 01-05) identifies these audits should be completed on a six-monthly basis.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had arrangements for transporting, cleaning, checking, sterilising and storing.

The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. An external company had completed the risk assessment. We noted that the key staff managing the water systems did not have training in legionella awareness and management. There were records in place for water testing. These were in the form of tick charts and lacked detail or additional information which could be used for analysis. The records could not demonstrate the water temperatures to ensure they were below 20 degrees centigrade for the cold water or above 55 degrees centigrade for the hot water. These temperatures being the markers within which Legionella bacteria would possibly multiply and flourish.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean.

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

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy to help them employ suitable staff. We looked at the records of recently recruited staff. Recruitment did not follow the practice's recruitment policy and records held were not as specified in Schedule 3 of

# Are services safe?

the Health and Social Care Act 2008 Regulated Activities Regulation) 2014. Staff records did not include photographic identification, employment history and references and did not have up to date Disclosure and Barring Service checks (DBS checks) at the point of employment and a risk assessment was not in place. We also noted that staff inductions were not structured and did not confirm when staff had completed training.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We noted that the portable appliance testing was recently completed following notice of the inspection and a 5-year fixed wire electrical safety certificate was overdue. The provider had made arrangements for this test to be undertaken.

A fire risk assessment was carried out in line with legal requirements. We saw evidence that fire detection systems were checked weekly and staff participated in fire drills and evacuation procedures.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for the X-ray units were available in line with the current regulations. The provider used digital X-rays.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every six months following current guidance and legislation.

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

## **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff were aware of sepsis but had not completed any formal training. We noted there were no sepsis prompts for staff or patient information posters displayed within the practice. This provider assured us this would be addressed.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse always worked with the dentists and dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

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

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

# Are services safe?

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at patient dental care records with the dentist to confirm our findings and observed that individual records were managed in a way that kept patients safe. Dental care records we saw were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## **Safe and appropriate use of medicines**

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of prescriptions as described in current guidance. The dentists were aware of current guidance with regards to prescribing medicines.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues.

In the previous 12 months there had been some recorded incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider did not have a system for receiving and acting on safety alerts. This was discussed with the provider and links were provided to external agencies to receive essential alerts from the

Medicines and Healthcare products Regulatory Agency and the Central Alerting System.

The practice reviewed regular Coronavirus (COVID-19) advisory information and alerts. Information was provided to staff and displayed for patients to enable staff to act on any suspected cases. Patients and visitors were requested to carry out hand hygiene and wear a mask on entering the premises.

# 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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

### **Consent to care and treatment**

Staff described how they obtained consent to care and treatment in line with legislation and guidance. The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. We noted that not all dental care records recorded consent and information about treatment options.

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 might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

We noted that patients dental care records were legible however lacked the level of detail required by General Dental Council standards. The patient dental care record's audit completed by the practice had not highlighted this. The provider assured is that this would be reviewed, and a more detailed and regular audit would look at these omissions.

### **Effective staffing**

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

Staff new to the practice had an induction programme in place. We confirmed clinical staff completed the 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.

# Are services effective?

(for example, treatment is effective)

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



# Are services well-led?

## Our findings

We found 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 Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **Leadership capacity and capability**

The principal dentist, practice manager and staff were visible and approachable and during the inspection they were open to discussion and feedback to improve the service.

### **Culture**

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training needs at an annual appraisal and during regular one to one meetings.

They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals.

Monthly team meetings were held, documented and minutes were easily accessible for staff who had not been able to attend.

The staff focused on the needs of patients, providing flexible appointments, dealing with dental pain promptly.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Responses to concerns were timely and professional. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

We found areas where governance arrangements and oversight could be improved;

- The provider did not have an effective recruitment procedure in place.
- There was no system or process to effectively monitor health and safety at the practice.
- The provider did not have an effective system for receiving and responding to patient safety alerts.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service.

### **Appropriate and accurate information**

Quality and operational information, for example performance information, surveys, audits were used to ensure and improve performance. We noted that some patient dental care records did not record consent or options available. The patients dental care records audit did not highlight improvements where needed and actions taken.

### **Engagement with patients, the public, staff and external partners**

Staff involved patients, the public to support the service. For example, through the customer satisfaction surveys.

# Are services well-led?

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

## **Continuous improvement and innovation**

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of X-ray images, infection prevention and control and patient dental care records

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. It was difficult to confirm where staff training had been completed and we noted that there was no system for the provider to have oversight of staff training. We discussed this with the provider who confirmed they would address this immediately.

## 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><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17</b></p> <p><b>Good governance</b></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>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"><li>• The provider did not have an effective recruitment procedure in place to ensure DBS checks were undertaken at the point of recruitment or risk assessed as required. Proof of identification, employment history or references were not all available.</li><li>• There was ineffective oversight of staff training in place.</li><li>• There was no system or process to effectively monitor health and safety at the practice. As a result, the risks relating to electrical safety had not been taken into account.</li><li>• The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure the accurate complete and contemporaneous records were being maintained in respect of each patients.</li><li>• The provider did not have an effective system for receiving and responding to patient safety alerts, recalls</li></ul>

This section is primarily information for the provider

## Requirement notices

and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

### Regulation 17 (1)