

S A Harrison Laboratories Limited

Safe Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 20 January 2020 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 always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found this practice was not 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 caring?

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

Are services responsive?

We found this practice was providing responsive 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.

Background

Safe Dental is in Morley and provides private dental care and treatment for adults and children. The practice offers conscious sedation

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes three dentists, a dental nurse, a receptionist and a clinical dental technician. The practice has one treatment room.

Summary of findings

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 Safe Dental is the clinical dental technician.

On the day of inspection, we collected 24 CQC comment cards filled in by patients. These provided a positive view of the service.

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

The practice is open:

Monday to Friday variable hours

Our key findings were:

- The practice appeared to be visibly clean.
- The provider had infection control procedures which reflected published guidance.
- Staff had received training in how to deal with emergencies. The medical emergency medicines did not reflect nationally recognised guidance.
- Risks associated with the carrying out of the regulated activities were not well managed.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Systems and processes were not embedded to ensure risks were appropriately managed.
- Staff felt involved and supported and worked as a team.
- The provider asked patients for feedback about the services they provided.
- The provider had information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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






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

- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Take action to ensure the service is registered with the Health and Safety Executive to use ionising radiation to be compliant with the Ionising Radiations Regulations 2017 (IRR17).

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?	Requirements notice	
Are services effective?	No action	
Are services caring?	No action	
Are services responsive to people's needs? <Findings here>	No action	
Are services well-led?	Requirements notice	

Are services safe?

Our findings

We found this practice was not providing safe 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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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

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 had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. We noted lockable boxes were not used to transport both used and clean instruments between the surgery and decontamination room. Instead, the dental nurse carried the instruments on an open tray. We discussed the risks associated with this and we were told lockable boxes would be implemented.

We asked to see evidence the washer disinfectant had been serviced and validated by a competent person. The

registered manager was unable to show us a current service and validation certificate. The most recent service and validation was carried out in January 2015. This should be done annually.

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.

A Legionella risk assessment had been carried out. This had identified some recommendations. This included work which needed carrying out on the cold water storage tank. We were told this tank had been replaced and there had been re-plumbing work carried out. We asked if a new Legionella risk assessment had been carried out as additional plumbing work had been completed. We were told this had not been done. In addition, the risk assessment had stated that the pipework should be insulated. The registered manager was unable to demonstrate this had been acted upon.

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.

Staff carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. This audit had not identified the lack of lockable boxes or that the washer disinfectant had not been serviced since 2015,

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

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

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for

Are services safe?

agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council. We noted for two dentists they had cover for one session. The indemnifier who they were with classed one session as half a day and should last no longer than five hours. We found one of the dentists worked a session which lasted longer than five hours. This had not been identified by the dentist or the registered manager.

A fire risk assessment had been carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. We asked to see evidence the fire alarm and emergency lighting had been serviced. The registered manager was unable to provide evidence this had been done. In addition, we noted the fixed installation test was due to be completed on 14 January 2020. The registered manager was unaware this had been missed. We asked if a gas safety check had been carried out on the boiler. The registered manager told us this had been done but was unable to find the relevant documentation to demonstrate this on the day of inspection and no supporting evidence was sent to us after the inspection.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Correspondence from the radiation protection advisor had advised the local rules to be updated to refer to current regulation. This had not been actioned. In addition, we noted there was no registration to the HSE available in the radiation protection folder. On the day of inspection, the registered manager was unable to provide a certificate to evidence this registration.

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

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

Risks to patients

The practice's health and safety policies, procedures and risk assessments were reviewed regularly. 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.

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 had been made aware of the risks associated with sepsis. Sepsis prompts for staff had been sent to them via messages and they could refer to them.

Staff had completed training in emergency resuscitation and basic life support every year. Immediate Life Support (ILS) training with airway management had been completed for one member of the sedation team. This was the dentist who was carrying out the conscious sedation. No other staff had completed involved in sedation had completed ILS training. Nationally recognised guidance states that all members of the sedation team should have ILS training.

Emergency equipment and medicines were not available as described in recognised guidance. The practice held intravenous midazolam instead of the recommended oro-mucosal variety to manage a patient having a seizure. We asked the dentist if they felt comfortable in the use of intravenous midazolam in the event of an emergency. They told us they would not feel comfortable using this form of midazolam in the event of an emergency.

A dental nurse worked with the dentists 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. During the inspection we identified what appeared to be a hazardous substance in an un-labelled syringe in the surgery. We discussed this with the registered manager who assured us this would be labelled to identify the substance and ensure the safety information was readily available.

Information to deliver safe care and treatment

Are services safe?

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were written or typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, 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.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

There was not an effective system in place for reviewing and investigating when things went wrong. We asked if any significant events or incidents had been reported in the previous 12 months. The registered manager told us there had not been. We discussed what a significant event would constitute and they described two instances where an incident occurred which could have led to patient harm. These had not been recorded as significant events.

We asked the registered manager about the system to receive patient safety alerts from external organisation. We were told these were received by e-mail. We were shown these e-mails and they had not been opened to review them. Therefore, the registered manager could not be sure that any safety alerts were reviewed.

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.

The practice offered conscious sedation for patients. This included patients who were very anxious about dental treatment. The practice had systems to help them do this safely.

The practice's systems included checks before and after treatment, medicines management and sedation equipment checks. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history' blood pressure checks and an assessment of health using the guidance.

The records showed that staff recorded important checks at regular intervals. These included blood pressure and the oxygen content of the blood.

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 dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

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 and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. The dental care records which we looked at did not document the different treatment options which had been discussed. We were told this would be documented in future. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. Not all staff had a good understanding of the principals of the Mental Capacity Act. We were told they would complete additional training about this. 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

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

Staff new to the practice had a structured induction programme. 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.

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

Patients said staff were compassionate and understanding.

Information folders and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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. They were aware of the requirements of the Equality Act. We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example study models and X-ray images which could be shown to the patient or relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

24 cards were completed, giving a patient response rate of 48%

100% of views expressed by patients were positive.

Common themes within the positive feedback were the friendliness and professionalism of the staff, the quality of the treatment and the cleanliness of the practice.

We shared this with the provider in our feedback.

The practice had made reasonable adjustments for patients with disabilities. This included a portable ramp to access the practice and an accessible toilet with hand rails and a call bell.

Patients could request to receive text message or letter reminders prior to their appointments.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

There were systems in place for patients requiring emergency dental treatment outside normal working hours. All phone calls were directed to the registered managers mobile phone and then an appointment could be arranged. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the registered manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

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

The registered manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the registered manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. Some of these were still in progress. The completed complaints demonstrated the practice had responded to concerns appropriately.

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.

Culture

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

Staff discussed their training needs at appraisals and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients.

Staff were aware of 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

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

The registered manager had overall responsibility for the management and day to day running of the service. One of the dentists was the clinical lead of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

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

Systems and processes were not working effectively to ensure the risks associated with the carrying out of the regulated activities were effectively managed:

- The systems in place to ensure equipment was serviced and maintained appropriately was not effective. The fire alarm, emergency lighting and washer disinfectant had not been serviced appropriately.
- The system to ensure medical emergency medicines reflected nationally recognised guidance was not effective.
- The system in place to ensure fixed electrical wiring was tested appropriately was not effective.
- The systems in place to ensure significant events were recorded was not effective.
- The local rules had not been updated as recommended by the radiation protection advisor to reflect current regulation.
- The system in place to ensure staff had sufficient indemnity was not effective.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used comment cards to obtain staff and patients' views about the service.

The provider gathered feedback from staff 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.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits. The latest infection prevention and control audit did not identify that the washer disinfectant had not been serviced according to nationally recognised guidance.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development. We noted there was

Are services well-led?

only one member of staff who had completed Immediate Life Support (ILS) within the practice. Nationally recognised guidance states that there should be at least two members of the sedation team who are trained in ILS.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Significant events had not been recorded.• Fire detection equipment and emergency lighting had not been serviced appropriately.• The washer disinfectors had not been serviced.• Medical emergency medicines did not reflect nationally recognised guidance.• A hazardous substance was stored in an unlabelled syringe. <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">• There were insufficient members of staff trained in immediate life support. <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">• The system in place to receive patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) was not effective.• Two members of staff did not have a sufficient level of indemnity cover. <p>Regulation 12 (1)</p>

Requirement notices

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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.

How the regulation was not being met:

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The system in place to ensure equipment was serviced according to nationally recognised guidance was not effective.
- The system to ensure the fixed wire installation test was carried out was not effective.
- The systems in place to ensure significant events were recorded was not effective.
- The system in place to ensure staff had sufficient indemnity was not effective.

There was additional evidence of poor governance. In particular:

- The local rules had not been updated as recommended by the radiation protection advisor to reflect current regulation.

Regulation 17 (1)