Adel Dental Practice

Market Lane Dental Care

Inspection Report

2/3 Market Lane
Selby
North Yorkshire
YO8 4QA
Tel:01757 703221

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Overall summary

We carried out this announced inspection on 25 January 2018 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 CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. We did not receive any information of concern from them.

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Market Lane Dental Care is in Selby and provides NHS and private treatment to adults and children.

The dental practice was located on the first floor and was not accessible to wheelchair users. The practice would signpost any patients who could not access the premises to accessible local services due to this.

The dental team includes two dentists, four dental nurses (one of whom was a trainee), a dental hygiene therapist, a receptionist and a newly appointed practice manager.

The practice is owned by a partnership and as a condition of registration must have a person registered with the

Summary of findings

Care Quality Commission 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 Market Lane Dental Care was the principal dentist.

On the day of inspection we collected six CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, three dental nurses, the receptionist 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 – Friday 9:45 am – 5pm

The practice is closed for lunch from 1pm – 1:45pm.

Our key findings were:

- The practice was clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- 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.
- The practice had infection control procedures which were inconsistent.
- The practice had limited systems to help them manage risk.
- The practice did not have thorough staff recruitment procedures.
- The appointment system did not always meet patients' needs.
- The practice did not have effective leadership.

We identified regulations the provider was not meeting. 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.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review availability of an interpreter services for patients who do not speak English as a first language.

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

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

The practice had systems and processes to provide safe care and treatment. Improvements could be made to the reporting of incidents and accidents.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. We found the practice did not always complete essential recruitment checks, specifically Disclosure Baring Service (DBS) checks

Premises and equipment were clean and properly maintained. We found a more consistent validation process for equipment was required. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. We found there were no suitable needles available to deliver adrenaline and the aspirin was not dispersible. Evidence these items had been orders was seen during the inspection.

The practice had carried out a sharps risk assessment but it did not include the steps taken to minimise the risk from other sharp instruments and devices.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action

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

We received feedback about the practice from eight people. Patients were positive about all aspects of the service the practice provided. They told us staff were

Summary of findings

patient focused. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action ✓

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

We were told the practice's appointment system was not always efficient to meet patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. The practice did not have access to telephone or face to face interpreter services.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

Requirements notice ✗

We found that 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 section at the end of this report.

The practice had minimal governance arrangements to ensure the smooth running of the service. Policies and procedures were not practice specific and there was limited awareness of the policies amongst staff. We found that effective leadership was not in place and staff did not appear familiar with governance requirements. Improvements, with regards to DBS checks, could be made to ensure the practice followed their own recruitment policy for all new staff.

We found improvements to the practice risk assessments were required. A recent Legionella risk assessment had been completed but urgent action was yet to be addressed. There was no evidence a fire risk assessment had been completed and there were inconsistent evidence that fire safety checks and evacuation procedures were carried out. The Sharps risk assessment was generic and did not look at other sharps risks within the practice, who was responsible for handling and how they safely managed sharps.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. We found the radiography audit was not clinician specific. The Infection prevention and control audit did not reflect our findings during the inspection and both audits had no action plans or learning outcomes in place.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. We were told of one sharps incident which had occurred within the past six months which had not been reported in line with the practice policy. Improvements could be made in the recording of incidents and how information was shared amongst staff

The principal dentist told us they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were not discussed with staff and there was no evidence any had been reviewed or actioned.

Reliable safety systems and processes (including safeguarding)

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included generic risk assessments which were not adapted to meet the practice needs. The practice followed relevant safety laws when using needles and other sharp dental items. A basic sharps risk assessment had been carried out for the use of needles but this did not include the risk from other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Not all emergency equipment and medicines were available as described in recognised guidance. We found the aspirin was not dispersible and there were no appropriate needles to administer adrenaline if the need arose. An immediate order was processed and shown to the inspector.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at all staff recruitment records. These showed the practice did not always follow their recruitment procedure. We found five staff members' DBS checks were not practice specific and had not been risk assessed as part of the recruitment process.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygiene therapist when they treated patients.

There was no evidence a fire risk assessment had been completed and there was inconsistent evidence fire safety checks and evacuation procedures were carried out.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. Staff were not fully aware of the guidance in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. During the inspection we found staff used inconsistent methods to ensure effective decontamination processes were in place. Validation of equipment and processes was not always recorded.

Are services safe?

Staff completed infection prevention and control training regularly.

There was inconsistent evidence all staff were appropriately immunised against Hepatitis B. For example, several members of staff could not provide evidence they had been fully immunised against hepatitis B. This was brought to the attention of the practice mangers and they assured us they would implement a risk assessment for each individual until supporting information could be sought.

The practice carried out infection prevention and control audits annually. We reviewed the latest audit and found this was not in line with our findings during the inspection and there was no action plans or learning outcomes in place.

The practice had recently completed a Legionella risk assesment. Urgent actions were still awaiting completion and staff were not aware of their responsibilities to ensure management of the dental unit water lines was consistent and in place. There was also no water temperature logs.

The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Improvements could be made to the validation checks to ensure they are in line with the manufacturers' recommendations.

The practice stored and had recently implemented records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out radiography audits annually. This was not clinician specific and had no action or learning outcomes in place.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay.

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

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the staff were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were excellent. We saw that staff treated patients respectfully, kindly and were friendly towards patients at the reception desk and over the telephone.

Anxious patients said staff were compassionate and understanding. Longer appointments were booked for children or nervous patients.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. 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.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

We were told the practice did not always have an efficient appointment system to respond to patients' needs. Patients said they often would have to sit and wait for their routine appointments. We saw the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, handrails to assist with mobility. As the practice was located on the first floor accessibility for patients was restricted.

Staff said they could not provide information in different formats and languages to meet individual patients' needs. They did not have access to interpreter and translation services.

Access to the service

The practice did not display its opening hours in the premises. There was no website or patient leaflet available for patients.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine appointments easily, some highlighted they did not know what they would do in the event of an out of hours emergency.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they 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 practice dealt with their concerns.

The practice had not received any complaints in the previous five years.

Are services well-led?

Our findings

Governance arrangements

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. Staff knew the management arrangements and their roles and responsibilities.

The practice had governance arrangements in place. The practice was aware their policies required updating and embedding within the practice and had sought help from a compliance company to help this transition.

We found that effective leadership was not in place and staff did not appear familiar with governance requirements. Improvements, with regards to DBS checks, could be made to ensure staff followed their own recruitment policy for all new staff.

We found improvements to the practice risk assessments were required. A recent Legionella risk assessment had been completed but urgent action was yet to be addressed. We were assured some of the actions were due to be reviewed by a plumber as soon as possible. There was no evidence that a fire risk assessment had been completed and there was inconsistent evidence fire safety checks and evacuation procedures were carried out. The sharps risk assessment was generic and did not look at other sharps risks within the practice, who was responsible for handling and how they safely managed sharps.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the new practice manager was approachable, would listen to their concerns and act appropriately.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. There was no record of the results of these audits and no resulting action plans and improvements. The latest infection prevention and control audit did not reflect our findings during the inspection and had only been completed annually. This was not clinician specific and had no action or learning outcomes in place.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals and we saw evidence of personal development plans. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed training, including medical emergencies and basic life support, each year. We found a significant amount of training had been completed since we announced the inspection. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of a comments book.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice 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.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 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 registered provider failed to ensure recruitment procedures were established and operated effectively in line with schedule 3. In particular DBS checks and immunisation status. The registered person had not considered all reasonably practicable measures to reduce the risks associated with the safe use of sharps, Legionella and fire management. The registered person had a system in place to check emergency medicines and equipment to ensure the medicines and equipment were within their expiry dates and in working order but the checks failed to identify that there were no appropriate needles to administer adrenaline the aspirin was not dispersible. The registered person had systems or processes in place that operating ineffectively in that they failed to enable

This section is primarily information for the provider

Requirement notices

the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

The registered person carried out infection control and prevention audits but these did not reflect did not reflect our findings during the inspection and had not identified areas for improvement. No action plan or learning points were included.

Governance in general required reviewing including staff awareness of policies and procedures.

Regulation 17(1)