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Fresh Dental Smile Clinic Rawcliffe York

Inspection Report

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Overall summary

We carried out an announced inspection on 28 September 2017 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.

We found a number of shortfalls in meeting the fundamental standards and sent a letter to the provider requiring them to take urgent action to address the issues raised.

We subsequently revisited the practice on 10 November 2017 to ensure the issues we had identified in the original inspection had been rectified. This report combines our findings from both visits, describing the original shortfalls and the rapid action taken to correct these.

Both inspections were led by a 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 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.

Summary of findings

Are services well-led?

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

Background

Fresh Dental Smile Clinic is in Rawcliffe, York and provides private treatment to adults and children. Treatments include conscious sedation and dental implants.

There is a small step to access the practice. Car parking spaces are available near the practice.

The dental team includes four dentists (of which there is a principal who provides sedation and dental implants, an associate dentist, a visiting periodontist and a visiting endodontist), two dental nurses (one of which is a trainee), a dental hygienist and two receptionists.

The practice has three surgeries, one on the ground floor, two on the first floor. A dedicated room for taking Orthopantomogram (OPG) X-rays and Cone Beam Computed Tomography (CBCT) scans, a decontamination room for sterilising dental instruments, a staff room/ kitchen and a general office.

The practice is owned by an individual who is the principal dentist. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected eight CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open:

Monday – Friday 8:45am – 5pm

Our key findings were:

During our initial visit on the 28 September we highlighted serious concerns with regards to medical emergency medicines and equipment, sedation medicines management, safe systems for the provision of dental intravenous sedation and staff training. Our concerns had been rectified by the second visit.

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had implemented a safe recruitment process.
- 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 appointment system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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 during our initial visit that this practice was not providing safe care in accordance with the relevant regulations. We served a letter identifying our areas of concern to the provider on 2 October 2017 asking them to submit an immediate action plan on how they intended to ensure the service provided safe care in line with the relevant regulations. At the subsequent visit we found that this practice was providing safe care in accordance with the relevant regulations.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. We found improvements to the awareness and reporting of vulnerable adults could be made.

Fire extinguishers were not available in the practice, there were no smoke alarms and no recorded checks of the emergency lighting were in place. After the inspection we were sent evidence a full risk assessment had been carried out with actions completed.

A Legionella certificate was available but there was no accompanying report. We were sent evidence a Legionella assessment had been booked to review the risks within the practice.

Staff were qualified for their roles. We found dental nurses had not completed any training to support the dentist providing sedation the practice. A log was sent to the inspector to show sessions the dental nurse had been involved in and a training programme had been sought for them to attend.

The practice had inconsistent information stored when recruiting new member of staff.

At the first visit, we were told no relevant Medicines and Healthcare Products Regulatory Authority (MHRA) had been received in the practice since 2016; none of the most recent alerts had been actioned. After the inspection, evidence was sent to the inspector to show this had been actioned.

The practice did not have suitable arrangements for dealing with medical and other emergencies. All equipment was ordered immediately after the inspection and evidence was sent to the inspector.

The practice had not carried out a sharps risk assessment.

The Cone Beam Computed Tomography (CBCT) machine did not have the relevant safety checks in place and scans were not always graded.

During the second visit we were shown evidence to support areas of concerns had been reviewed and actioned.

Are services effective?

No action

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

Summary of findings

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

There were areas of improvement required with regards the recording of information within patient dental care records at the initial visit. We saw evidence this had been reviewed and actioned at the second visit.

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 but there was no system to help them monitor this. During the second visit we were shown evidence a system was now in place to monitor staff training.

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 friendly and approachable. 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.

CCTV was in operation within the practice, there were no information signs available and we were told there were no policies in place to ensure guidelines on use were met. We were sent evidence that registration with appropriate authorities had been sought after the inspection.

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.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone or face to face interpreter services and had arrangements to help patients with sight or hearing loss.

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

Are services well-led? **No action**

We found during our initial visit that this practice was not providing well led care in accordance with the relevant regulations. We served a letter identifying our areas of concern to the provider

Summary of findings

on 2 October 2017 asking them to submit an immediate action plan on how they intended to ensure the service provided safe care in line with the relevant regulations. At the subsequent visit we found that this practice was providing safe care in accordance with the relevant regulations.

The practice had some arrangements to ensure the smooth running of the service.

There were improvements necessary to the practice risk assessments, recruitment policies and processes and infection prevention and control equipment validation processes.

The practice monitored clinical and non-clinical areas of their work but no action plans or learning outcomes were in place.

During the second visit we were shown evidence to support areas of concerns had been reviewed and actioned.

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.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice told us they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw the practice had not received all relevant alerts within the last 12 months we brought this to the attention of the principal dentist. We later received evidence they had registered again with the MHRA to receive alerts.

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 highlighted more information could be available with regards vulnerable adults in the policy and contact numbers should be readily available. Evidence was seen at the second visit to show this had been reviewed and actioned. 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 basic risk assessments which staff reviewed every year. The practice did not have a risk assessment in place to show they were following relevant safety regulations when using needles and other sharp dental items. At the second visit we were shown a risk assessment and action to take in the event of an injury.

The visiting dentist 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. We saw inconsistent evidence staff completed training in emergency resuscitation and basic life support every year. A course had been booked for two members of staff to complete immediate life support training for use in dental sedation and evidence of this was seen by the inspection at the second visit.

Not all emergency equipment and medicines were available as described in recognised guidance and records were not available to show checks were completed. The practice did not have an Automated External Defibrillator (AED) and no risk assessment was in place to mitigate the risk. There was no spare medical oxygen cylinder for the use with sedation and we found the practice had no airway or portable suction. There was no glucagon available to respond to a diabetic emergency and some face masks and tubing were out of date. All of our concerns had been addressed and an order had been placed and equipment and medicines received. New logs were in place to review the stock in line with guidance.

Intravenous Midazolam for the use of seizures was available within the practice, not the recommended Buccal Midazolam and this was stored separately to the medical emergency drugs and equipment. There was no risk assessment completed to ensure staff were confident and competent to use this delivery method in a medical emergency. We were later sent evidence to show all of these items had been ordered.

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 files which were in place and found five staff members did not have a complete recruitment file. These showed the practice did not follow their recruitment procedure. We found five members of staff did not have a Disclosure Barring Service check relevant to the practice, immunisation records were not available for one member of staff and General Dental Council (GDC) certificates were out of date. There was no process in place to ensure staff

Are services safe?

were registered with the GDC. During the second visit all staff information was made available for the inspector and a process was now in place to ensure all information would be collated going forward.

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 hygienist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures.

Staff completed infection prevention and control training regularly.

The practice did not have suitable arrangements for transferring, cleaning, checking, sterilising and storing instruments in line with HTM01-05. There were no records available to show any validation testing had been completed for the steriliser and no logs were in place for the manual scrubbing procedure. The staff were unsure if the steriliser was used as a vacuum or non-vacuum process and we found inconsistent evidence that instruments had been bagged before and after the sterilisation process. During the second visit we were shown new validation records and training which had been completed by staff.

The practice carried out infection prevention and control audits annually. These should be completed bi-annually and we found this was a basic in-house check sheet and did not go in to the detail of some audit tools available. There was no associated action plans in place. During the second visit we were shown a new audit with associated action plans in place.

The practice had a certificate to show they had Legionella management procedures but no supporting risk assessment report was available. During the inspection we discussed dental unit water line management and the principal dentist told us it was their responsibility to clean the lines bi-annually, there was no supporting documentation to support this. We were told the building did not have hot water, but we found several hot water pipes and dead legs around the practice and there was no action plan in place to address this. We were later sent evidence a new risk assessment had been completed and a new risk assessment was in place.

The practice had air conditioning in the surgeries and waiting rooms, this had not been identified as a potential legionella risk and no maintenance was in place for the equipment. We were later told maintenance service had been booked and we saw evidence of this being completed at the second visit.

Equipment and medicines

We saw some servicing documentation for the equipment used. We were told the steriliser had been recently serviced but there was no supporting information available during the inspection. We were later sent evidence to show the equipment had been serviced and certificates were available.

The practice had suitable systems for prescribing, dispensing and storing medicines. Apart from controlled drugs such as midazolam used for sedation. We were told there was no log in place to demonstrate what quantity had been used and how much was on the premises. We were shown a comprehensive log was now in place.

We were shown a letter from the fire services to say they had completed an assessment of the practice in 2011. There was no report to show the findings of their visit. We found there were no fire extinguishers or fire alarm in the practice. We were told the staff would shout "fire" in the event of a fire. This method had not been tested and we were aware if a treatment was taking place this may be difficult to hear. There was no record any emergency lighting had been checked or serviced. We were later sent evidence the practice had worked with the local fire service to complete a full assessment of the practice. All action had been addressed and new logs were in place.

We found several areas where electrical wiring was visible, this included areas in the treatment rooms which were accessible to patients.

Radiography (X-rays)

The practice had some arrangements to ensure the safety of the X-ray equipment.

Are services safe?

We saw evidence that the dentists did not always justify, grade or report on the X-rays or scans they took. The practice carried out X-ray audits every year which were not clinician specific and there was no audit in place for the CBCT scans. During our second visit we were shown a new audit process had been implemented.

The practice had an OPG (Orthopantomogram). This is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these. The machine also provided CBCT. CBCT is an X-ray based imaging technique which provides high resolution visualisation of bony anatomical structures in three dimensions. There was evidence to show annual in house quality assurance had been completed and a policy was sent the day after the inspection to support the critical examination and pre fitting criteria. We found improvements could be made to the required checks, grading of scans and referral process for CBCT should be reviewed.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept dental care records containing information about the patients' current dental needs and past treatment. There was not always an up to date medical history completed in the dental care records which we looked at. The dentists assessed patients' treatment needs in line with recognised guidance.

The practice carried out conscious sedation for patients. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems in place to help them do this safely in line with the guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment. There was some emergency equipment available. Medicines management could be improved as there were no logs available for any of the sedation drugs available. There was no evidence staff had completed Immediate Life Support (ILS) training for the use with sedation. We were later sent evidence a course for staff had been booked for this training to be completed.

There was supporting evidence to show the practice assessed patients appropriately before they commenced sedation. We saw checks were recorded during the procedure including checks at regular intervals for pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

Dental nurses were not appropriately trained to support the dentist treating patients under sedation. We were told a suitable course had been booked for the dental nurse.

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 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. We found some clinical staff had evidence to support they completed the continuous professional development required for their registration with the General Dental Council. There was no process in place to review this for all staff and we highlighted a member of staff who had no certificate to show if they had completed any basic life support and CPR training since January 2015.

Staff told us they discussed training needs on an open and ongoing basis and at annual 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 friendly and professional. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Longer appointments were booked for children or nervous patients. Patients could choose whether they saw a male or female dentist.

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.

Music was played in the treatment rooms and there were magazines and televisions in the waiting rooms. The practice provided drinking water, tea and coffee.

Closed circuit television (CCTV) cameras were located in the practice. During the inspection we found CCTV signage was not in place to ensure patients and staff were aware of its use. The practice did not have a policy, risk assessment or registration with the Information Commissioner's Office (ICO). We were later sent evidence the registration had been completed and we saw new signs had been put in place.

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

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.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants, orthodontics and sedation.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

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.

The practice had an efficient appointment system to respond to patients' needs. We saw that 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. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had no 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 an accessible toilet.

Staff said they could provide information in different formats and languages to meet individual patients' needs and the principal dentist could speak five languages. They had access to interpreter and translation services which included British Sign Language and braille.

Access to the service

The practice did not display its opening hours in the premises but this was covered during the initial consultation and was available on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept time free for same day appointments. The website and 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 and emergency appointments easily and were rarely kept waiting for their appointment.

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

The principal dentist 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.

We looked at comments, compliments and complaints the practice received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

The practice had not received any complaints in the previous 12 months.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

The practice had some policies, procedures and risk assessments to support the management of the service and to protect patients and staff. We found improvements to risk reduction associated with legionella, fire and sharps could be made. All of these areas had been addressed and evidence was seen at the second visit.

Staff were qualified for their roles. We found dental nurses had not completed any training to support the sedation provided within the practice. The dental nurse told us they had not received any training. A log was sent to the inspector to show sessions the dental nurse had been involved in and a training programme had been sought for them to attend.

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 knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns during the day and it was clear the practice worked as a team and dealt with issues professionally.

The practice held informal daily huddles where staff could raise any concerns and discuss clinical and non-clinical updates. All improvements were added to a handbook to improve the service for patients and to learn for any comments.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of X-rays and infection prevention and control. They did not have clear records of the results of these audits and the resulting action plans and improvements. All of these areas had been addressed and evidence was seen at the second visit

Staff told us they completed training, including medical emergencies and basic life support each year. We found inconsistent evidence available demonstrate all staff were up to date and trained appropriately. There was no system in place to ensure staff were up to date with training. The General Dental Council requires clinical staff to complete continuous professional development. These areas had been addressed and evidence was seen at the second visit

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 regular patient surveys and a suggestion box.

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.