

Adrams Limited

Dacre Banks Dental Practice

Inspection Report

The Grange Medical Centre
Dacre Banks
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North Yorkshire
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Date of inspection visit: 4 April 2017
Date of publication: 05/05/2017

Overall summary

We carried out this announced inspection on 4 April 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. The inspection was 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.

Are services well-led?

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

Background

Dacre Banks Dental Practice is located in Harrogate and provides private treatments to adults and children. The services include preventative advice and treatment and routine restorative dental care. The dental practice is located in a shared building within the medical practice.

There is level access for people who use wheelchairs and pushchairs and a stair lift is also available to access the surgery as it is located on the first floor. Car parking spaces are available near the practice.

The dental team is comprised of one dentist and two dental nurses, one of which helps with the practice management. 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 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 Dacre Banks Dental Practice is the principal dentist.

On the day of inspection we collected 47 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 the principal dentist and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8.45am to 1.15pm

Tuesday, Thursday and Friday 8.45am to 3pm.

These hours relate only to bookable appointments and are extended at either end of the day for the treatment of emergency patients as required.

Our key findings were:

- The premises were clean, secure and well maintained but were a little cluttered due to space limitations.
- Infection control procedures were in place and we found improvements could be made to the validation process and ensure risk assessments and policies reflected the working process within the practice.
- Staff had been trained to handle emergencies; this was now overdue and had been booked recently.
- Appropriate medicines and life-saving equipment were available apart from buccal midazolam.
- 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. No training had been completed by staff.
- The practice had staff recruitment procedures. Improvements were needed to the recruitment process to ensure all required information was held in respect of people employed at the practice
- 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.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice had systems in place to respond to complaints positively and efficiently.

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 the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Review the immunisation status of all staff.
- Review staff safeguarding training, ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review availability of medicines and staff training to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's infection control procedures, protocols and validation processes are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

Summary of findings

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the availability of an interpreter service for patients who do not speak English as their first language.
- Review dental care records to ensure they are completed appropriately giving due regard to guidance provided by the Faculty of General Dental Practice (FGDP) regarding clinical examinations and record keeping.
- Review the practice audit protocols, such as infection prevention and control to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

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?

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.

Staff knew how to recognise the signs of abuse and how to report concerns but they had not completed training in safeguarding at the appropriate level.

Staff were qualified for their roles. The recruitment checks required improvement as some documents were not available during the inspection.

Staff were trained to respond to medical emergencies, we were told the last training was in 2015 but there was no evidence to support this. There was no buccal midazolam available at the practice but all other emergency equipment and medicines were in date.

Evidence of registration or receipt of MHRA alerts was not in place..

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced. Improvements to the validation process of the equipment could be made to ensure it was safe to use.

No action



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as informative, relaxed and friendly. The dentist 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.

No action



Are services caring?

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

We received feedback about the practice from 49 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very pleasant, helpful and communicated well by explaining what was being done at all times. They said that they were given advice in line with their 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.

No action



Summary of findings

Are services responsive to people's needs?

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 did not have access to interpreter services and the medical practice had arrangements to help patients with sight or hearing loss.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept patient dental care records which we found had areas where improvements could be made. The records were stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. Improvements could be made to the infection prevention and control audit.

There was not patient satisfaction survey in place due to a long standing working relationship with patients. There was a suggestion box with in the shared reception area.

No action



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 principal dentist did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. The medical practice was responsible for the medical emergency drugs and had checked the alerts in relation to this. We brought this to the attention of the principal dentist and they assured us they would register immediately or work in partnership with the medical practice to share relevant 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 were told none of the staff had received safeguarding training in vulnerable adults and children. 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 risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

Medical emergencies

Staff told us they had completed training in emergency resuscitation and basic life support in 2015. We were assured this had been booked for the team for the 11 April 2017 and the medical practice staff were available to assist if required.

Emergency equipment and medicines were available as described in recognised guidance. We found there was no buccal midazolam available to respond to a seizure although another delivery method was available. This was discussed with the principal dentist who assured us this would be ordered as soon as possible. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We reviewed all of the staff recruitment files to check that appropriate recruitment procedures were in place. We found files held some recruitment documents including GDC registration certificates. We found immunisation status, Disclosure and Barring Service (DBS) check and proof of identification was not available and no supporting risk assessments were in place. This was discussed with the principal dentist to review the process and chase up supporting documentation as soon as possible.

Clinical staff were qualified and registered with the General Dental Council (GDC).

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 dentist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices

Are services safe?

(HTM01-05) published by the Department of Health. The dental nurses had completed infection prevention and control training every year but there was no evidence to show when the dentist had last completed any training.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We were told the daily, weekly and quarterly validation tests were not being carried out and no logs were in place. We found inconsistencies in the process to ensure all instruments were reprocessed at the correct interval. Work surfaces were cluttered and improvement could be made to the equipment left on the side during the day. The principal dentist assured us this would be reviewed and rectified.

The practice carried out an infection prevention and control audit twice a year. This audit did not reflect what we found on the day of inspection and was referring to old guidelines. There was only one audit that had been reviewed bi annually since August 2013 which did not have an action plan or learning outcomes in place to show any improvements made.

We looked at the recruitment records and there was no evidence all staff had received appropriate immunisation against Hepatitis B. This was brought to the attention of the principal dentist and we were assured all staff had completed the immunisation course but no documentation was stored, We were told this would be addressed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

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.

The justification for taking X-rays was not recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records did not indicate each radiograph was quality assured and the findings reported on as per FGDP (UK) guidance. The practice carried out X-ray audits every year following current guidance and legislation.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. Improvements were discussed with regard to the recording of what was included as part of an examination, the recording of a Basic Periodontal Examination (gum score), soft tissue checks and consent. Improvement to recording justification, grading and reports on X-ray were also not recorded.

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 dentist 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 children based on an assessment of the risk of tooth decay for each child.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. This was not always recorded within the dental care records we reviewed with the dentist.

Staffing

There had been no new staff to the practice in the past 10 years. We confirmed clinical staff completed 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

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week 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 dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions, this was not always easily identifiable within the dental care records we reviewed with the dentist. Patients confirmed the 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 dentist and dental nurses 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 knowledgeable, supportive and their needs were responded to. We saw that staff treated patients with respect and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of the waiting areas provided privacy when the staff were dealing with patients. The practice worked closely with the medical reception to ensure patients were asked to be seated on arrival if the dental surgery was in use. We were told as the reception

was located in the surgery all calls would be taken discreetly or they would call back once the surgery was free. 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.

Music was played in the practice and there were magazines and a television in the waiting room.

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. The 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.

The practice had an efficient appointment system to respond to patients' needs. 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.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails and a call bell. As the dental surgery was located on the first floor a stair lift had been installed.

Staff said they could not provide information in different formats and languages to meet individual patients' needs. They did not have access to interpreter/translation services but had not found the need to use these services.

Access to the service

The practice displayed its opening hours in the premises and their information leaflet.

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. The information leaflet 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 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 staff 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 received no complaints since 2006.

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 policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These did not always include arrangements to monitor the quality of the service and make improvements, for example infection prevention audit inconsistencies.

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 apologetic 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 principal dentist was approachable, would listen to their concerns and act appropriately. The staff discussed concerns as they arose and it was clear the practice worked as a team and dealt with issues professionally.

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 dental care records, X-rays and infection prevention and control. They had clear records of the results of the X-ray audit, we found improvement could be made to the infection prevention and control audit. This audit did not reflect what we found on the day of inspection and was referring to old guidelines. There was only one audit that had been reviewed bi annually since August 2013 and did not have an action plans or learning outcomes in place to show any improvements made.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The staff had annual appraisals. 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 some of the highly recommended training. We were told medical emergencies and basic life support had not been completed since 2015 and no member of staff had completed any safeguarding training. 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 used verbal comments and a suggestion box to obtain patients' views about the service.