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Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Dental Practice is situated in the Parkhill area of Sheffield. The practice was taken over by the current owner in January 2015. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services provided included preventative advice and treatment, routine restorative dental care and orthodontics.

The practice has three surgeries, a decontamination room, two waiting areas, a reception area and toilet facilities. The reception area, one surgery and one waiting area are on the ground floor, the second waiting area is on the first floor along with two surgeries.

There are four dentists, five dental nurses, two receptionists, a practice supervisor and a practice manager.

The opening hours are Monday to Friday 8-30am to 6-00pm and Saturday 9-00am to 3-00pm.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

During the inspection we spoke with three patients who used the service and reviewed 14 completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received about the service.

Our key findings were:

- Staff had received training appropriate to their roles.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- The practice had an accessible and visible leadership team. Staff were supported to maintain their continuing professional development (CPD).
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Patients were treated with care, respect and dignity.

There were areas where the provider could make improvements and should:

- Take action to ensure that all treatment rooms and decontamination room conform to HTM 01-05 regulations.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice (FGDP) regarding clinical examinations and record keeping.
- Have local safeguarding contact details displayed for staff to reference
- Undertake a daily check on the Automated External Defibrillator
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society
- Review the practices protocol for undertaking clinical record audits
- Follow the practices recruitment policy with regards to obtaining references for new staff

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 ground floor surgery was in a poor state of repair. The flooring and work surfaces were not sealed effectively to enable effective cleaning. The walls were poorly maintained and there were areas where shelves had been removed and paintwork had been damaged.

Both first floor surgeries had areas of flooring which were not sealed effectively to enable effective cleaning.

The practice had a recruitment policy which specified that references would be sought prior to employing new staff. However, we did not see any evidence that references had been obtained for new staff.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All recommended emergency equipment was present and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Are services effective?

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

The practice kept up to date detailed electronic dental care records. However, records which we reviewed were not always complete or thorough.

The practice manager kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Staff had access to policies which contained information that further supported them in the workplace. All clinical staff were required to maintain an on going programme of continuous professional development as part of their registration with the General Dental Council.

The practice was proactive about providing patients with advice on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). Health promotion leaflets and posters provided patients with information.

Are services caring?

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

We reviewed 14 completed CQC comments cards and spoke with three patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented they were treated with compassion, kindness, respect and dignity while they received treatment. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt any concerns were listened to.

We observed patients' privacy and confidentiality were maintained at all times in the waiting room and reception area.

Are services responsive to people's needs?

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

Summary of findings

The practice had an efficient appointment system in place to respond to patients' needs. For example, the practice opened on Saturdays.

The practice also operated a sit and wait service for patients who had an emergency when no emergency slots were available. Patients commented they could access treatment for urgent and emergency care when required.

Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice manager and practice supervisor were responsible for the day to day running of the practice.

The practice audited clinical and non-clinical areas as part of a system of continuous improvement and learning. However, the clinical record audit could be conducted in a more efficient way. It undertook patient satisfaction surveys and was also undertaking the NHS Family and Friends Test.

There were good arrangements in place to share information with staff by means of monthly practice meetings which were minuted for those staff unable to attend.

Dental Practice

Detailed findings

Background to this inspection

This announced inspection was carried out on 1 September 2015 by a dentally qualified CQC inspector.

We informed the local NHS England area team and Healthwatch Sheffield that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we toured the premises, spoke with three patients, three dentists, two dental nurses, a

receptionist and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. There were no records of any incidents or accidents occurring in the past 12 months. However, staff were knowledgeable about how and who to report incidents to. Patients would be given an apology and informed of any action taken as a result.

The practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The practice manager told us that they responded to national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession by passing the alerts to relevant staff and taking appropriate action.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Contact details for the local safeguarding team were available in a contact book but were not displayed for quick reference. The practice manager was the safeguarding lead and all staff had undertaken safeguarding training in the last 12 months. Staff were aware of the signs of neglect and abuse and told us they were confident about raising any concerns with the safeguarding lead professional.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments).

Rubber dam was not routinely used by all dentists during root canal treatment. Rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field and airway. The practice had not done a risk assessment on this. We informed the practice manager of this and they assured us that a risk assessment would be undertaken and appropriate actions would be taken.

Medical emergencies

The practice provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored in the ground floor surgery with easy access for all staff. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed that daily checks were carried out to ensure the oxygen and emergency medicines were safe to use. However, there were no checks done to ensure the AED was working. This was brought to the attention of the practice manager who informed us that daily checks would now be undertaken to ensure the AED was working in case it was needed.

Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had not been followed. We noted that no references had been sought for new members of staff. This was raised with the practice manager who informed us that it was because an external company assisted with the recruitment of staff although references would have been sought for any new staff starting. The practice manager told us the practice carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed records and these showed that all checks were in place.

There was an induction programme in place for all new staff to familiarise them with how the practice worked. This

Are services safe?

included ensuring staff were familiar with fire procedures, use of personal protective equipment and accident and incident reporting. We spoke to a member of staff who had recently started and they informed us that they were well supported during their induction period.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures and risks associated with Hepatitis B.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance.

The work surface of the decontamination room was not free from clutter. This was brought to the attention of the practice manager who took immediate action to remove the clutter from the work surface. The flooring in the decontamination room was not well sealed. There was access to the cellar through a hatch in the decontamination room and in the ground floor surgery. Both hatches were not flush with the flooring and there was no sealing between the hatch and the floor. Therefore, the practice could not be sure that effective cleaning could be undertaken.

The walls in the ground floor surgery were damaged in several places where shelving had been removed. Therefore the underlying plaster was exposed which is not impervious and hence cannot be effectively cleaned.

The practice manager informed us that remedial action was due to take place to resolve the issues in the decontamination room and the ground floor surgery. We saw evidence that this was due to take place.

In both first floor surgeries there were areas where the flooring was not effectively sealed. Again, the practice could not be sure that these areas could be effectively cleaned.

Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed to support staff in following practice procedures.

Staff had received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hep B) to ensure the safety of patients and staff.

There was a cleaning schedule which identified and monitored areas to be cleaned and colour coded equipment was used. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members.

Patients we spoke with confirmed that staff used PPE during treatment.

Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. They routinely used a washer disinfectant to clean the instruments, then examined them visually with an illuminated magnifying glass, before sterilising them in an autoclave. Staff wore appropriate personal protective equipment (PPE) during the process and these included heavy duty gloves, disposable gloves, aprons and protective eye wear.

Are services safe?

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice carried out self assessment audits in accordance with the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We saw from the latest audit that the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in February 2015 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. We saw evidence of validation of autoclaves and washer disinfectors.

Portable appliance testing (PAT) had been completed in August 2015 (PAT confirms that electrical appliances are routinely checked for safety).

The batch numbers of local anaesthetics were recorded in patient dental care records. Prescriptions were stamped only at the point of issue to maintain their safe use.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested. A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were displayed. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training.

X-ray audits were carried out annually. This included assessing the quality of the X-ray which had been taken. The results of the latest audit conducted in October 2014 confirmed the practice was meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept electronic records of the care given to patients. We reviewed the information recorded in ten patient records. They included details about the condition of the teeth and soft tissues lining the mouth. However, the records provided limited information about patients' oral health assessments. In addition, there were a number of instances where the records were incomplete, not thorough or did not always include an assessment of the patients gum health

Medical history checks were updated by each patient every time they attended for treatment. This included an update on their social history, health conditions, current medicines being taken and whether they had any allergies.

The dentists used National Institute for Health and Care Excellence (NICE) guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

The practice used current guidelines and research in order to continually develop and improve its system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. However, justification for the taking of an X-ray and a report of the X-ray was not always recorded in the patient's care record.

Patients were given a copy of their treatment plan, which included details of any fees involved. Treatment plans were signed before treatment began.

Health promotion & prevention

The practice had a focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health Toolkit' (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the practice recalled patients at high risk of tooth decay to receive fluoride applications and fissure sealants to their teeth.

The medical history form patients completed included questions about smoking and alcohol consumption. The

dentists we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. There were health promotion leaflets available in the waiting room and surgeries to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. Staff we spoke with confirmed they had been fully supported during their induction programme.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC).

Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD. Mandatory training included immediate life support and infection prevention and control.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager and practice supervisor. Staff told us the practice manager or the practice supervisor were readily available to speak to at all times for support and advice.

The practice had a policy to conduct annual appraisals for staff to review their professional development. Staff appraisals were due to be undertaken soon. We saw evidence of appraisal documents which staff had completed prior to their appraisal meeting.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Letters received back relating to the referral were scanned into the computer system and also viewed by the dentist to see if any action was required.

Consent to care and treatment

Patients were given appropriate information to support them to make decisions about the treatment they were

Are services effective?

(for example, treatment is effective)

offered. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred. We saw evidence of this documented in the dental care records and saw copies of signed treatment plans. Staff were aware of the importance of the Mental Capacity Act 2005 and had received training with regards to its application in dental care.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed 14 completed CQC comments cards and spoke with three patients on the day of the inspection. Comments were positive about staff at the practice. Patients commented that they were treated with respect and dignity, put at their ease and any concerns were always listened to. We observed positive interactions between staff and patients arriving for their appointment and that staff were helpful, discreet and respectful to patients on the telephone.

To maintain confidentiality electronic dental care records were password protected and any paper documentation (medical history forms and treatment plans) was securely stored in a locked cupboard. The design of the reception desk ensured the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection and confidentiality were in place and staff were aware of these.

The ground floor waiting area was adjacent to the reception; however staff were aware of the importance of providing patients with privacy and told us there was a room available if patients wished to discuss something with them away from the reception area.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. All staff had received training in the Mental Capacity Act (MCA) 2005.

Patients were also informed of the range of treatments available on notices in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the waiting room and on the practice website. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. The practice also had a sit and wait service for emergency patients where the emergency slots had been taken for that day. Patients confirmed they had good access to routine and urgent appointments.

They offered appointments on a Saturday to support patients to arrange appointments in line with other commitments.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice recognised the needs of different groups in the planning of its services. We saw that they had made adjustments to enable patients to receive their care or treatment, including an audio loop system for patients with a hearing impairment.

The practice had a treatment room on the ground and first floor of the premises. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. There were disabled toilet facilities on the ground floor.

Access to the service

The practice's opening hours were Monday to Friday 8-30am until 6-00pm, and Saturday 9-00am to 3-00pm. CQC comment cards reflected patients felt they were able to contact the service easily and had choice about when to come for their treatment. The practice information leaflet provided patients with a helpline for out of hours emergency dental care.

The practice provided patients with information, in the waiting room, including information about the services they provided, fees and emergency appointments.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager or practice supervisor to ensure responses were made in a timely manner. The practice had not received any complaints within the last 12 months.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and in the practice leaflet.

Are services well-led?

Our findings

Governance arrangements

The practice manager and practice supervisor were in charge of the day to day running of the service. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

The practice had a proactive approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire, exposure to hazardous substances and infection control.

There were a range of policies and procedures in use at the practice. The practice held monthly staff meetings involving all staff where governance was discussed. Staff meetings were minuted to ensure that any staff not present could be made aware of topics which had been discussed.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff we spoke with told us that they felt supported and were clear about their roles and responsibilities and had governance arrangements.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice.

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a

professional manner. All staff were aware of who to raise any issue with and told us that the practice manager or practice supervisor were approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Records showed professional registrations were up to date for all staff and there was evidence of continuing professional development taking place.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of X-rays and clinical records. We reviewed the clinical record audit and found that a separate audit had not been undertaken for each individual dentist. Therefore, the practice could not be sure that individual performance was being effectively assessed. The audits included the outcome and actions arising from them to ensure improvements were made.

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

The practice had systems in place to seek and act upon feedback from patients using the service. These included carrying out formal patient surveys and they also undertook the NHS Family and Friends Test. The most recent patient survey report in February 2015 showed a high level of satisfaction with the quality of the care provided. However the survey also identified patients were not satisfied with the state of the waiting areas. The practice owner had plans to refurbish the waiting areas but this was prioritised because of feedback from the patient survey.