

B & R Dental Care

Goole Surgery

Inspection Report

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Overall summary

We carried out this unannounced inspection on 25 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection, in response to concerns received, 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?

During this inspection, we looked at the question "Is it safe?" and this formed the framework for the areas we looked 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.

Background

Goole Surgery is in East Riding of Yorkshire and provides NHS and private treatment to adults and children.

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

The dental team includes two principal dentists, three associate dentists, 11 dental nurses (four of whom are trainees), a dental hygienist, a dental therapist, a practice manager, two receptionists and three dental support workers. The practice has three treatment rooms. A sister practice is located in Howden and all staff work across both sites.

The practice is owned by a partnership 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 Goole Surgery was the practice manager.

During the inspection we spoke with two dentists, two dental nurses, a dental support worker, a receptionist and the practice manager.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Summary of findings

Monday to Thursday 8am to 5pm

Friday 8am to 4pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice had suitable information governance arrangements.
- Staff felt involved and supported and worked well as a team.
- The practice manager's policies and risk assessments were greatly detailed and this helped ensure practice procedures were maintained to support the running of the practice.

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

- Review the practice's recruitment procedures to ensure appropriate checks are completed prior to new staff commencing employment at the practice and accurate, complete and detailed records are maintained for all staff.
- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases. The provider should consider the need to carry out a risk assessment for those members of staff whose immune status is unknown.
- Review the need to undertake a risk assessment for dental support workers to provide chairside support.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

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. They used learning from incidents and complaints to help them improve.

Staff knew how to recognise the signs of abuse and how to report concerns. Staff new to the practice did not receive training in safeguarding as part of their induction; they underwent safeguarding training within 12 months of employment.

Staff were qualified for their roles. The provider's recruitment processes required improvement.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff new to the practice did not receive training in safeguarding as part of their induction; they underwent safeguarding training within 12 months of employment.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records, for example, children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or those who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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

The practice did not have a staff recruitment policy and the provider's recruitment procedures required reviewing. We looked at six staff recruitment records. These showed Disclosure and Barring Service (DBS) checks for two

members of staff were from a year ago by previous employers. The provider had not carried out these checks at the time of employment and a risk assessment was not in place to mitigate this. We found there were no employment contracts, history documents and no indemnity documents held on-site for two of the dentists these staff. The practice manager sent us these immediately following the inspection and assured us they were requested as part of their recruitment procedure. They also recognised the need to maintain complete and accurate recruitment staff files in future.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The provider ensured facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

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 practice was currently reconsidering the location of their Orthopantomogram machine (OPG). This is used to take extra-oral radiographs and is currently sited in the staff kitchen with limited space surrounding it. A radiography professional had been consulted recently with regards to re-siting this.

The dentists told us they did not use rectangular collimation (a device used to reduce a patient's exposure to radiation) in line with the recommendations from the practice's radiation protection assessment. We explained the importance of using these in terms of radiation dose reduction and they assured us they would undergo further training to support its use.

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

Are services safe?

We were told clinical staff completed continuing professional development (CPD) in respect of dental radiography; no evidence to support this was available on the inspection day.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policy, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulations when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness the vaccination was checked. We observed this had not been checked for four members of clinical staff and the practice did not have risk assessments in place to assess working in a clinical environment when the effectiveness of the vaccination was unknown. The practice manager assured us they would review this.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentist, dental therapist and dental hygienist when they treated patients in line with GDC Standards for the dental team. Dental support workers (members of staff who had not yet enrolled on a dental nursing training programme) were also providing chairside support. A risk assessment was not in place to analyse any possible risks of doing so. We spoke to a dental support worker and recognised intensive formal training was provided. This was not logged and the practice manager had assured us they would implement training logs for all staff.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. The practice's Control of Substances Hazardous to Health (COSHH) file was overarching and we were shown evidence that all members of staff reviewed this annually.

The practice had an infection prevention and control policy and procedures. They followed guidance in the Health Technical Memorandum 01-05: decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. We noted the practice's instrument storage regime was not in line with HTM01-05 as we found instruments in one surgery that were neither bagged nor in use for that day. The practice manager confirmed they had not recognised this and would re-visit the guidance to ensure this was implemented throughout the practice.

The practice had systems and protocols in place to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before returned work was fitted inside a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The clinical waste bin was secured by a lock; we found access was possible through one end. The practice manager gave assurance they would ensure the bin was securely locked.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Are services safe?

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The practice staff learned and made improvements when things went wrong.

Staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice staff shared lessons, identified themes and took action to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.