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# Kirkheaton Dental Surgery

## Inspection report

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Date of inspection visit: 03/05/2023  
Date of publication: 24/05/2023

### Overall summary

We carried out this announced comprehensive inspection on 3 May 2023 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance. Systems to audit infection control should be reviewed.
- Staff knew how to deal with medical emergencies. Action was needed to ensure appropriate medicines and life-saving equipment were available. This was addressed immediately.
- The practice had systems to manage risks for patients, staff, equipment and the premises. Improvements could be made to the sharps risk assessment.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

# Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

Kirkheaton Dental Surgery is in the village of Kirkheaton, Huddersfield and provides NHS and private dental care and treatment for adults and children.

There is step free access to the reception and treatment room for people who use wheelchairs and those with pushchairs. The toilet is not generally available to patients, but staff accommodate requests to use the staff facilities if required. This is on the first floor and is not accessible to wheelchair users. On street parking is available near the practice.

The dental team includes 2 part-time dentists, 4 dental nurses, 2 part-time dental therapists, 1 receptionist and 1 administrator who supports the principal with the management of the practice. The practice has 1 treatment room.

During the inspection we spoke with the principal dentist, 1 dental nurse, 1 dental therapist, and the administrator. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday and Thursday 9am to 5.30pm

Tuesday, Wednesday and Friday 9am to 5pm.

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

- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK).
- Improve the systems to audit infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

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

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

The practice had safeguarding processes, staff had completed appropriate training and knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. Audits were carried out every six months in line with guidance. We noted the team were using an outdated audit tool which prompted dental unit waterline bottles to be removed at the end of each day, this was contrary to the waterline cleaning solution instructions. We signposted staff to the new audit tool and resources to support the correct use of the waterline cleaner.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. The responsible person had completed Legionella awareness training and completed a self-risk assessment of the premises. They had reviewed this before the inspection and booked an external company to undertake a new risk assessment by a competent person.

Water temperatures were monitored, and these were within the accepted ranges.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and tidy, and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had appropriate professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

Staff had completed a fire safety risk self-assessment. The provider told us they had arranged for a competent person to carry out a new risk assessment in line with the legal requirements. The management of fire safety was effective. Fire detection systems were in place and tested weekly. Fire extinguishers were in place and serviced annually. Staff completed fire safety awareness training. They had emergency torches and discussed evacuation procedures.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. A sharps risk assessment was in place, we highlighted this could be improved by ensuring all sharp items in use at the practice are included. We discussed this with the principal dentist who gave assurance that this would be rectified. We were assured that protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and we saw where these processes had been followed appropriately. Staff were aware of the importance of reporting inoculation injuries.

# Are services safe?

Systems to ensure emergency equipment and medicines were available and checked in accordance with national guidance needed review. An automated External Defibrillator (AED) was not available at the practice. The provider had risk assessed access to 2 community AEDS in the village. We discussed this was not a robust arrangement as staff did not check the availability of these devices daily or take into consideration the potential delay in accessing and retrieving them.

Midazolam was available to enable staff to respond to a prolonged epileptic seizure. However, this was in an intravenous form whereas staff thought it was an oral gel version, and not all staff had received training to administer this.

The provider took immediate action to address the issues raised and sent evidence an AED was purchased with training arranged, and oral Midazolam had been obtained for the practice. We discussed how the processes to oversee and check the availability of equipment should be reviewed to ensure these issues do not reoccur.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

## **Information to deliver safe care and treatment**

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

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

Patient feedback said staff were compassionate and understanding when they were in pain, distress or discomfort.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example study models and X-ray images.

# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments for patients with access requirements. Staff had carried out a disability access audit. The layout of the practice inhibited making further changes to improve access. Grab rails were installed and staff had completed disability and autism awareness training. We highlighted that information regarding the lack of accessible toilet facilities could be clearer in the patient information leaflet.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media pages.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website, 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 who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

The provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that when issues were highlighted, these were discussed and addressed immediately.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs informally, during annual appraisals and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for identifying and managing risks, issues and performance. The provider had recently identified that they could not be assured of the competency of the staff who undertook the Legionella and fire safety risk assessments. These issues were rectified. The inspection highlighted some risks in relation to medical emergencies and sharps risks.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. We saw online reviews, and NHS Friends and Family Test results provided a positive view of the dental team and care provided by the practice.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

### **Continuous improvement and innovation**

# Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.