Yorkshire Dental Practice Limited

Burlington Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 3 March 2016 to ask the practice the following key questions; Are services safe, effective, 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 well-led?

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

Background

We undertook this focused inspection to check the practice had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burlington Dental Practice on our website at www.cqc.org.uk.

CQC inspected the practice on 6 October 2015 and asked the registered provider to make improvements regarding clinical audits, completion of dental care records, policies and protocols, including the recruitment policy and checking medical emergency equipment. We checked these areas as part of this follow-up focussed inspection and found this had been resolved.

Burlington Dental Practice is situated in Goole, East Riding of Yorkshire. It offers predominantly NHS treatment to patients of all ages and some private dental treatments. The services include preventative advice and routine restorative dental care.

The practice has two surgeries, one decontamination room, an X-ray processing room, a waiting area and a reception area. Treatment and waiting rooms are on the ground floor of the premises. The decontamination room and patient toilet are on the first floor.

The practice is open:

Monday/Wednesday/Thursday and Friday 08:30 – 17:00.

Tuesday 08:00 – 19:00.

There is one dentist, two registered dental nurse, one trainee dental nurse and a practice manager at this practice.

Our key findings were:

- A system had been implemented to ensure weekly checks of medical emergency medicines and equipment was in place.

Summary of findings

- Clinical records were details and contemporaneous, X-rays were justified, graded and reported on and treatment options discussions were recorded.
- A stock rotation system put in place and a list of all material dates was visible where the excess stock was stored.
- Rubber dam was now used for all stages for root canal treatment; this was also recorded within the patient dental care records.
- The cleaner had a folder with policies and contracts. The practice had set out guidance on what areas they wanted cleaning and had a daily task sheet available for completion.
- Prescriptions pads were audited, secured and a log kept for safety.
- Audits including patient dental care records and X-rays had been implemented to a high standard. All audits had an action plan and learning outcomes associated with their findings.
- The complaints policy was now available within the waiting room for patients and it contained time scales and external agency information.
- All policies and protocols within the practice had been reviewed and updated.
- Staff training files were available and had relevant information regarding courses.
- Recruitment files showed copies of identification, references, immunity status and qualification certificate.

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.

Since the last inspection on 6 October 2015 the registered provider had implemented a daily checklist for the medical emergency equipment and AED. The emergency drugs were checked on a weekly basis and were all of the required type.

Risk assessments had been completed for the practice to ensure safe working conditions.

Prescriptions were no longer stamped beforehand and were stored securely.

Rubber dam was now used for all aspects of root canal treatment and recorded within the patient dental care records.

Are services effective?

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

Since the last inspection on 6 October 2015 the registered provider had started including discussions about treatment options which had been discussed with the patient. They had also ensured that treatment plans were fully completed by staff and were also signed by the patient.

We also noted that the dental care records were more thorough and medical history forms were fully completed by staff and also signed by the patients. Justification, grading and reporting of X-rays was now recorded.

The practice had a new complaints policy available in the waiting area with time scales and information about external agencies.

Are services well-led?

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

Since the last inspection on 6 October 2015 the registered provider had completed a new clinical record audit and X-ray audit which included action plans to address issues which had been identified and learning outcomes.

We saw from the patient dental care records we looked at, the X-rays were justified, graded and reported on.

Burlington Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 3 March 2016 and was led by a CQC Inspector and a specialist dental advisor.

During the inspection we spoke with the dentist, the practice manager and a trainee dental nurse. To assess the quality of care provided we looked at a recent clinical record audit, an X-ray audit, Policies and procedures, including complaints, recruitment and lone working policies and the recently implemented checklists for the emergency equipment, AED and emergency drugs.

We undertook an announced focused inspection of on 3 March 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 06 October 2015 had been made. We inspected the practice against three of the five questions we ask about services: is the service Safe, Effective and Well led. This is because the service was not meeting some legal requirements.These questions therefore form the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The dentist was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw all staff had now received safeguarding training in vulnerable adults and children. In respect of safeguarding children the dentist was trained to level two.

The staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were aware of the procedures they needed to follow to address safeguarding concerns.

Medical emergencies

The practice had implemented procedures for staff to follow in the event of a medical emergency and all staff had received training within the last 12 months in basic life support including the use of an Automated External Defibrillator (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).

The practice kept medicines and equipment for use in a medical emergency in the reception area and these were now all in date and of the required type.

We saw the practice had implemented logs which indicated the emergency equipment, emergency medicines, medical emergency oxygen and the AED were now checked routinely.

Staff recruitment

The practice had reviewed the policy for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We saw the newest member of staffs files and found the recruitment procedure had been followed.

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

All qualified clinical staff at this practice was registered with the General Dental Council (GDC). There were copies of current registration certificates present. The dentist had their own indemnity insurance cover and the nurses were covered by the registered provider's personal indemnity policy (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had evidence of undertaking any risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety and manual handling of clinical waste.

The practice had a full and up to date Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

A contract of employment for the cleaner was now in place and full guidance on what and how the cleaner should carry out their duties was recorded. Also, there was a lone working policy in place.

Infection control

The practice had a decontamination room upstairs that was set out in according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' zones.

There was a separate hand washing sink for staff and there was also soap and a hand washing flow chart in place. Two separate sinks for decontamination procedures were available.

Are services safe?

The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to help staff. We discussed with staff the appropriate personal protective equipment (PPE) when working in the decontamination, this included disposable gloves, aprons and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses' we spoke with were knowledgeable about the decontamination process. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and had an expiry date.

The practice had new systems in place for daily quality testing of the decontamination equipment and we saw records which confirmed these had taken place. These tests included test strips being used on the first sterilisation cycle of the day.

All staff had received infection prevention and control training and evidence of this was seen on the day of the inspection.

There were adequate supplies of liquid soap, paper hand towels in the surgeries including the decontamination room. A poster describing correct hand washing techniques was displayed above some of the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We observed the sharps bin was being used correctly and located appropriately in the surgery.

Clinical waste was now stored securely for collection, locks had been fitted to the door. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The practice had carried out the self assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05) in September 2015. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

Equipment and medicines

Prescriptions were not stamped before they were issued, the provider only stamps them at the point of issue to maintain their safe use. There was evidence of an audit to monitor prescriptions given by the dentist to ensure they were in line with current guidelines.

A stock rotation system had been implementing to prevent materials expiring. A dental nurse had put a system in place to record all dates of materials in the practice that were in use so this could be easily reviewed.

Other than emergency medicines no other medicines were kept at the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patients' electronic dental records for future reference. In addition, the dentist told us they discussed patients' social lifestyle and behaviour such a smoking and drinking and where appropriate offered them health promotion advice, this was now recorded in the patient's records. We saw from the patient dental care records we reviewed, that at all subsequent appointments patients were always asked verbally about their medical history. This ensured the dentist was aware of the patient's present medical condition before offering or undertaking any treatment. The records showed that dental examination appointments included oral cancer checks had taken place.

There was evidence that patient dental care records had been audited in January 2016 to ensure they complied with the guidance provided by the FGDP. The registered provider had fully acknowledged our previous findings and included developing action plans to address the issues we raised.

The dentist told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. The dentist now recorded an assessment of the patients gum health and included details of discussions with regards to treatment options being discussed. There were now records of patients being informed of a diagnosis of gum disease. We also noted there was now a record of oral hygiene advice, dietary advice or smoking cessation advice which had been given. In place.

The practice now followed current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists now followed the guidance from the FGDP with regards to taking X-rays to ensure that disease processes could be monitored or treatment could be provided effectively. Justification for the taking of an X-ray was now recorded in the patient's dental care records.

Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentist we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice.

The dentist advised us they offered patients oral health advice and provided treatment including prescribing high fluoride toothpaste to high caries risk patients in accordance with the Department of Health's policy the 'Delivering Better Oral Health' toolkit (an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay; this was now recorded appropriately.

Staffing

Staff training was now monitored and recorded by the practice manager so they were aware of any short falls in staffs training requirements. Records we reviewed showed all staff had received training in basic life support. Infection control training had been sourced through on line training and evidence was available to support this. Safeguarding children and vulnerable adults training was now up to date.

Staff we spoke with said they now had staff annual appraisals to discuss any training or concerns that had not been discussed in the daily running of the practice.

Are services well-led?

Our findings

Governance arrangements

The practice had new governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, health and safety policy and an infection prevention and control policy. Staff we spoke with were aware of their roles and the practice manager was in charge of the day to day running of the service. We saw they had implemented patient surveys to monitor the quality of the service.

The practice had now conducted an audit of patient dental care records, X-rays and prescriptions and all audits now had action plans and learning outcomes in place to review and gain feedback.

Learning and improvement

The practice had new records of staff training so it was easy to see that staff were up to date with their training. They showed training was accessed through a variety of sources including formal courses and informal in house training. Staff we spoke with stated they were given sufficient training to undertake their roles and given the opportunity for additional training.