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Fartown Dental Practice - Huddersfield

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 15 and 21 December 2022 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 adviser.

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 to be visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.

Summary of findings

- The practice had systems to help them manage risk to patients and staff. The sharps safety procedures could be improved.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation. Improvements could be made to ensure evidence of recruitment procedures are held and available for review.
- The clinical staff provided patients' care and treatment in line with current guidelines. The practice focused strongly on the prevention of dental disease.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.

Background

Fartown Dental Practice - Huddersfield provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. On street parking is available near the practice. The toilet is on the first floor and cannot be accessed by wheelchair users. At the time of this inspection, access to the entrance of the practice had been hindered by a road traffic accident which caused damage to the front of the building. Restoration of the frontage, wall and paving were underway to address this.

The dental team includes 2 dentists, 6 dental nurses (4 of which are trainees), a dental therapist and 2 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with the principal dentist, 3 dental nurses, the dental therapist and both receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8am to 6pm

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

- Take action to ensure the practice stores records relating to people employed and the management of regulated activities in compliance with legislation and take into account current guidance.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, and evidence is documented that advice is followed after sharps incidents.
- Implement protocols and procedures in relation to the Accessible Information Standard to ensure that that the requirements are complied with.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

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 and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The provider was in the process of making arrangements for the disposal of gypsum waste.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

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

A fire risk assessment was carried out in line with the Regulatory Reform (Fire Safety) Order 2005 requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. We noted recommendations to replace signage for the safe operation of new extinguishers had not been actioned. On the second day of the inspection, we saw new signage was in place.

The practice had arrangements to ensure the safety of the X-ray equipment. We highlighted the required radiation protection information should be updated in the new online radiation protection file.

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. The sharps risk assessment should be reviewed to include all sharps in use at the practice and ensure staff are aware of the availability and importance of using safe needle re-sheathing devices. Two staff members had sought advice from occupational health following sharps incidents but the advice or if any follow up was required was not documented.

Emergency equipment and medicines were available and checked in accordance with national guidance

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

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

Are services safe?

The practice had systems for referring patients with suspected oral cancer under the national two-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 implemented systems for reviewing and investigating when things went wrong. 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. The dentists and dental therapist held regular clinical discussions.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. In particular, the practice focused strongly on disease prevention. Patients' oral health risk was assessed before they entered an evidence-based preventive care pathway appropriate to their needs. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Detailed information was provided to patients about their oral health, including explanations of how periodontal health is measured and assessed. Treatment was provided through staged pathways, during which, patients and their families were instructed in oral hygiene and good diet to stabilise active disease. Patients with active disease were recalled 3 monthly for routine management of disease and monitoring until oral health improved. More advanced dental restorations were provided as this improved to ensure the longevity of these interventions.

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.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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 dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. The principal dentist had recently completed Autism awareness training to help them understand and meet the needs of these patients.

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

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.

Are services effective?

(for example, treatment is effective)

The dentists 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.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, (CCTV), to improve security for patients and staff. Relevant policies and protocols were in place.

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.

Staff gave patients clear information to help them make informed choices about their treatment. We saw detailed treatment plans and self-care advice were provided.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The practice was not familiar with the requirements of the Accessible Information Standards. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Timely access to services

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.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff 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 practice demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

The information and evidence presented during the inspection process was clear and well documented. Improvements should be made to ensure evidence of recruitment processes is held and available for review. On the first day of the inspection, much of this was not held on the premises. These documents were made available on the second day of inspection.

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

Culture

The practice 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, one to one meetings 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 system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. The practice was in the process of embedding a clinical governance software package to support this process. We highlighted the online radiation protection file should be updated with details of their Health and Safety Executive registration and new Radiation Protection Adviser.

We saw there were effective processes for managing risks, issues and performance. We highlighted some additional minor risks in relation to sharps safety and stock control of medicines for dispensing. The provider was open to this feedback and discussion during the inspection.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff 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.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, continuous improvement and innovation. In particular, the principal dentist recorded regular themed videos for staff to review and explain the practice policies and procedures. Staff appreciated this personal approach to sharing information.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.