

Dental Excellence - Harewood Practice LLP

Dental Excellence at Harewood

Inspection Report

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Overall summary

We carried out this announced inspection on 21 November 2017 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 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?

These questions form the framework for the areas we look 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.

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 Excellence at Harewood is in Leeds and provides private treatment to adults and children. Treatments include dental implants, conscious sedation and orthodontics.

Summary of findings

There is level access for people who use wheelchairs and pushchairs. The practice has a large dedicated car park.

The dental team includes eight dentists, six dental nurses (one of whom is a trainee), one dental hygienist, two receptionists, a customer service manager and a practice manager. The practice has four treatment rooms.

The practice is owned by a company 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 Dental Excellence at Harewood was one of the principal dentists.

On the day of inspection we collected 29 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, four dental nurses, one 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:

Monday to Friday from 8:00am to 5:00pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- Audits of X-rays or dental care records had not been carried out.
- The practice asked patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the critical examination of the Cone beam computed tomography (CBCT) machine and implement the recommendation regarding the use of a mirror to view patients during scans.
- Review the practice's recruitment procedures to ensure Disclosure and Barring Service (DBS) checks for new staff are requested.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date.
- Review the protocols and procedures to ensure staff are up to date with their training and their Continuing Professional Development.
- Review the practice's audit protocols of various aspects of the service, such as radiography at regular intervals to help improve the quality of service. Practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

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 practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice generally completed essential recruitment checks. There were some gaps in the DBS checks for the dentists.

Premises and equipment were clean and properly maintained. We noted a recommendation had not been implemented from the critical examination of the CBCT machine. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

The COSHH folder only had risk assessments in it and no safety data sheets for individual substances.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as amazing, excellent and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles. A robust system to monitor staff training was not in place; not all staff had completed infection control training and some dental nurses had not completed training in radiography.

No action



Are services caring?

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

We received feedback about the practice from 29 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and helpful. They said that everything was explained well, all questions were answered and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were typed and stored securely.

The practice had not carried out an X-ray audit or an audit of dental care records.

The practice asked for and listened to the views of patients.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

There had not been any significant events or incidents at the practice.

On the day of inspection the practice did not have a system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We were later sent evidence they had set up a process to receive these and historical alerts would be reviewed.

Reliable safety systems and processes (including safeguarding)

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 knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. A documented sharps risk assessment was not in place. We were later sent evidence one had been made.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and immediate life support every year.

On the day of inspection the practice did not have sizes 0, 1, 2 and 3 masks for the self-inflating bag. We were later sent evidence these had been ordered.

Staff kept records of their checks on emergency medicines and equipment to make sure these were available, within their expiry date and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at five staff recruitment files. These showed the practice generally followed their recruitment procedure. We noted that two dentists did not have DBS checks carried out at the point of employment. We raised this issue on the day of inspection and we were assured a process would be put in place to ensure these are sought at the point of employment.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date. We noted the provider had a fixed wire installation carried out in September 2013. This was due to be carried out again in September 2015. This had not been done. We saw evidence on the day of inspection it had been booked.

A dental nurse worked with the dentists and dental hygienist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. 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 every year.

Are services safe?

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

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

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

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

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice maintained a controlled drugs register for medicines involved in the provision of conscious sedation. These drugs were also securely locked away.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. We noted when the critical examination was carried out on the CBCT machine a recommendation was made to place a mirror so the operator could see the patient without being in the direct line of the exposure. This had not been implemented. We were later sent evidence this had been actioned.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice had not carried out any audits of X-rays which had been taken. We were assured an X-ray audit would be completed.

The dentists had completed continuous professional development in respect of dental radiography. We noted not all of the dental nurses had completed radiography training as recommended by the General Dental Council. We were assured the dental nurses would be prompted to complete this training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

A dental nurse with appropriate additional training supported dentists treating patients under sedation.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they discussed smoking and diet with patients during appointments. The practice had a selection of dental products for sale.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Working with other services

The practice had a process for receiving referrals from other healthcare professionals. We were told the referring dentist was kept fully informed of the patient's journey and would be sent a letter once treatment had been fully completed with guidance about future management of the patient.

As the practice was a specialist referral centre very few referrals were made. We saw evidence of a patient who was referred with a suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. All patients were sent a detailed consent form prior to commencing treatment. This gave the patient details of alternative treatment options and risks associated with each treatment. Patients were under no obligation to have any particular treatment.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were friendly, caring and helpful. We saw that staff treated patients with respect and dignity and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

There were magazines and a television in the waiting room. The practice provided drinking water, tea and coffee.

Information folders, patient survey results and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice. These included dental implants, treatments for gum disease and orthodontics.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice sends patients e-mails two weeks prior to an appointment and then a text message two days before. If the text message was not received then staff would call the patient.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a portable ramp and an accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The dentists told us they provided patients with their mobile phone number in case of emergencies out of normal working hours. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had only received one verbal complaint in the past 12 months. Records showed the practice responded to the complaint appropriately.

Are services well-led?

Our findings

Governance arrangements

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Staff told us there was an open door policy and the dentists would frequently speak to each other about complex cases in order to use all their areas of expertise.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. We noted the policy folders were rather disorganised and staff found it difficult to locate some policies. We were told on the day of inspection they were moving over to a computer based compliance system soon.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentists encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentists were approachable, would listen to their concerns and act appropriately. Concerns were discussed at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice's approach to quality assurance could be improved. We noted they had not completed an audit of X-rays or dental care records. We were assured these audits would be completed on a regular basis.

The principal dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Due to management restructure, appraisals had not been carried out. We were told these would be completed in January 2018.

There were some gaps in staff training for infection control and radiography. We were told on the day of inspection the practice manager was implementing a system to ensure all staff were up to date with training. The principal dentists had paid for all staff to access an online training website to complete training. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and social media to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. These included informing patients if the dentist was running late, providing patients with a detailed breakdown of treatment costs and giving patients verbal directions to the practice.