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Yorkshire Dental Suite

Inspection report

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Overall summary

We carried out this announced focused inspection on 31 August 2021 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 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 three questions:

- Is it safe?
- Is it effective?
- 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Yorkshire Dental Suite is in Leeds and provides 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. Car parking spaces are available at the practice.

The dental team includes five dentists, one dental hygienist and six dental nurses who also cover reception duties. The practice has five treatment rooms and the team is supported by an operations manager.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with two dentists, one dental nurse, the dental hygienist and the reception, front of house staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Thursday and Friday 9am to 5pm

Tuesday and Wednesday 9am to 6pm

Saturday 9am to 3pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- Infection control procedures did not reflect published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available; some medical equipment had passed its expiry date.
- The provider had systems to help them manage risk to patients and staff, some of which required review.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Systems to evidence role specific staff training and certification were not effective.
- The provider had no system in place for reviewing and investigating when things went wrong.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Improvements could be made to ensure clinicians remained up to date with evidenced-based practice.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice referral process could be improved.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Improvements could be made to ensure oversight and management of systems and processes was effective.
- The practice culture of continuous improvement would benefit from effective auditing.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

Summary of findings

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

Full details of the regulation the provider is not meeting are at the end of this report.

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

- Implement audits for patient dental care records to check that necessary information is recorded and audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Implement a system to ensure patient referrals to other dental or health care professionals are clearly prescribed and monitored to ensure they are received in a timely manner and not lost.
- Take action to ensure the clinicians remain up to date with evidenced based practice, in particular; delivering better oral health, National Institute for Health and Care Excellence (NICE) guidance and The Mental Capacity Act 2005.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	Enforcement 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)

Staff had systems to keep patients safe but not all were operating effectively.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Information submitted prior to and during the on-site visit did not show us that all staff had completed safeguarding training at a level relevant to their role.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had implemented standard operating procedures in line with national guidance on COVID-19. COVID-19 Screening and triaging processes were undertaken prior to patients attending the practice and immediately upon arrival. Social distancing measures were enforced and were strictly adhered to during the inspection day. Entry and exit was controlled by the provider to protect staff and patients.

The provider had infection prevention and control policy and procedures. These did not, in some areas reflect The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Limited oversight and knowledge gaps had led to ineffective processes. For example:

- Instrument sterilisation bags prepared for storage after instruments were cleaned were not labelled consistently with a date for reprocessing in line with published guidance.
- Protocols were not in place to ensure heavy duty gloves were changed in line with published guidance.
- No evidence was made available to confirm that electronic data from the autoclave data logger was being downloaded and stored for the required two-year period in line with published guidance. (Data loggers are an electronic device used to monitor and record autoclave mechanical functions).

Information submitted prior to and during the on-site visit did not show that all clinical staff had completed infection prevention and control training.

There were suitable numbers of dental instruments available.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and the recent records of water testing and dental unit water line management were maintained. We requested to see water temperature validation records prior to July 2021, the provider assured us these would be forwarded to us; no information has been received.

When we inspected, we saw the practice was visibly clean.

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

Are services safe?

We reviewed the only infection prevention and control audit provided to us, which was undated. The audit document was of a basic tick sheet format and there was no resulting action plan. Areas we identified during the inspection, were not reflected in the audit.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented.

The provider 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. Records reviewed showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We requested to see the most up to date compressor maintenance certificate as this was not shown to us on the inspection day. The provider assured us this would be forwarded to us; no information has been received.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We asked if the practice had registered with the Health and Safety Executive as required by the Ionising Radiations Regulations 2017 (IRR17), this information was not shown to us on the inspection day; we have not received confirmation of this.

We saw evidence the dentists justified, graded and reported on the radiographs they took.

Information submitted prior to and during the on-site visit did not show us that all clinical staff had completed continuing professional development in respect of dental radiography.

The practice had a cone beam computed tomography X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

Risks to patients

Systems to assess, monitor and manage risks to patient safety should be improved.

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment.

We reviewed systems to help protect staff from sharps injuries and found these were not in line with guidance from the Health and Safety Executive. A sharps handling policy was in place; the associated risks had not been assessed. We saw sharps items had been disposed of in the decontamination room after being told that clinicians were responsible for disposing of all sharps at point of use.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Are services safe?

We reviewed the system in place to ensure emergency equipment and medicines were available as described in recognised guidance. We found the oropharyngeal airways (size 0 to 4) and the automated external defibrillator pads were out of date.

Information submitted prior to and during the on-site visit did not show us that all staff had completed training in emergency resuscitation and basic life support.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

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

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 dental care records with clinicians to confirm our findings and observed that individual records were typed, legible and were kept securely and complied with the General Data Protection Regulation requirements. We saw limited evidence of treatment plans, risks, benefits and options to treatment recorded in dental care records.

The provider had in-house systems for referring patients with suspected oral cancer, these were not robust. Staff awareness for referring patients externally under the national two-week wait arrangements could be improved. These national arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines. There was a 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.

Antimicrobial prescribing audits were not being carried out annually.

Track record on safety, and lessons learned and improvements

The provider had no system in place for reviewing and investigating when things went wrong. We were told in the previous 12 months there had been no safety incidents.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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

Improvement was needed to ensure dental professionals remained up to date with current evidence-based practice.

The practice offered a wide range of aesthetic, specialist and general dentistry for its patients and provided a comfortable, relaxing atmosphere for patients to receive treatment.

The practice offered conscious sedation for patients. This included patients who were very anxious about 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. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

Information submitted prior to and during the on-site visit did not show us that staff assisting in the provision of conscious sedation had completed appropriate post registration training and immediate life support training with airway management.

We were told that staff assessed patients for sedation. We were told 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 guidance.

The sedationist told us that staff recorded important checks at regular intervals. This included pulse, blood pressure, breathing rates and the oxygen content of the blood.

Documentation to confirm the operator-sedationist was supported by a trained second individual during the provision of conscious sedation was not shown to us on the inspection day.

The practice offered dental implants. These were placed by the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to specialist equipment to enhance the delivery of care. For example, a microscope and intra-oral scanning equipment.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Are services effective?

(for example, treatment is effective)

The dental hygiene therapist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. We noted improvements could be made to ensure the dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions in respect to consent to treatment.

We noted staff could improve their awareness of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after.

The practice's consent policy included information about the Mental Capacity Act 2005. We noted staff could improve their awareness of their responsibilities under the Act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The practice kept 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 provider could improve the dental care record quality assurance processes to check the necessary detail was being recorded in line with recognised guidance, and to encourage learning for continuous improvement.

Effective staffing

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

We asked if the practice had systems in place to mitigate role related risks to protect staff members. We were told evidence of this would be forwarded to us after the inspection; no information has been received.

Co-ordinating care and treatment

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

The dentists confirmed they would refer patients to specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for treatments including but not limited to dental implants, endodontics, oral surgery and conscious sedation. We asked if there was a referral log in place to ensure the staff and dentists were aware of all incoming and outgoing referrals, we were told there was not.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices and Enforcement Actions section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The principal dentist had the capacity, values and skills to deliver high-quality, sustainable care. Improvements could be made to ensure leadership and oversight of good governance, systems and processes to support the team in the longer term.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development.

The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The operations manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

There was a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

We saw there were processes for managing areas of risks, issues and performance. During the inspection day we identified areas of governance and risk management where improvements could be made. These areas were discussed with the provider during the inspection day and detailed feedback provided at the end of the inspection. They responded positively to our findings and gave assurance that improvements would take place.

We identified the following areas where systems and processes were not operating effectively:

- Infection prevention and control processes were not consistent or in line with published guidance.
- There was no system in place to record, investigate and review incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

Are services well-led?

- The sharps handling and disposal process was not consistent and had not been risk assessed to identify where risks could be mitigated in line with current guidance.
- Systems to ensure medicines and equipment in the emergency kit remained in date were not effective.
- Systems and to ensure timely submission for the documents not seen during the inspection were not effective.
- Oversight of systems to ensure staff continued to meet the professional standards as a requirement of their role was not effective.
- Audit processes were not effective.
- The practice referral process was not effective.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider 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

The provider encouraged feedback and verbal comments to obtain staff and patients' views about the service.

The provider 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

The provider had some systems and processes for learning and continuous improvement; we found this was an area where improvement was needed.

The practice was a member of a good practice certification scheme.

Information submitted prior to and during the on-site visit did not show us that staff completed 'highly recommended' training as per General Dental Council professional standards.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Effective systems were not in place to ensure infection prevention and control processes were consistent and in line with published guidance.• There was no system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.• Safer sharps systems and processes were inconsistent and had not been assessed to identify where risks could be mitigated in line with current guidance.• Systems were not effective to ensure the equipment in the medical emergency kit remained in date.• Systems to mitigate role related risks to protect staff members were not effective. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">• Systems to ensure oversight of governance and compliance to support the team were not effective.

This section is primarily information for the provider

Requirement notices

There was additional evidence of poor governance. In particular:

- Systems to ensure timely onward submission of the documents not seen during the inspection day were ineffective.

Regulation 17 (1)

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The service provider had failed to ensure that persons employed who are registered with a health care or social care regulator, were enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continued to meet the professional standards which are a condition of their ability to practise or a requirement of their role. In particular:</p> <ul style="list-style-type: none">• Continuing professional development for the carrying out of conscious sedation.• Appropriate life support training certification for staff involved in conscious sedation.• Post registration training certification for dental nurses involved in the provision of conscious sedation.• Continuing professional development training certification for safeguarding, basic life support and infection prevention and control for all staff members. <p>Regulation 18(2)</p>