

S A Harrison Laboratories Limited

Safe Dental

Inspection Report

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Date of inspection visit: 21 July 2017
Date of publication: 30/08/2017

Overall summary

We carried out this announced inspection on 21 July 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

Safe Dental is in the Morley area of Leeds, West Yorkshire and provides private treatment to adults and children. Treatments include general dentistry, dental implants and conscious sedation.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including one for patients with a disabled badge are available near the practice.

The dental team includes two dentists, a trainee dental nurse, a clinical dental technician (who is the practice manager) and an assistant practice manager. The practice has one treatment room.

Summary of findings

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 Safe Dental was the clinical dental technician.

On the day of inspection we collected 23 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, the trainee dental nurse, the assistant practice manager and the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Wednesday from 7:00am to 5:00pm

Tuesday, Thursday and Friday from 9:00am to 5:00pm

Dentists only work on Monday, Wednesday and Friday

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 medical emergencies. Minor adjustments could be made to the emergency equipment.
- The practice had some systems in place to manage risk. Improvements could be made to those relating to fire and sharps.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had staff recruitment procedures. Minor improvements could be made to these.
- 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.
- There was not a system in place to ensure staff were up to date with training as recommended by the General Dental Council.
- The practice asked patients for feedback about the services they provided.

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

- Review the availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care "Report of an expert group on sedation for dentistry".
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's process for ensuring equipment is serviced in line with manufacturer's guidance.
- Review the system for ensuring fire safety checks are completed regularly.
- Review the storage of digital dental care records to ensure they are backed up securely.
- Review the practice's recruitment policy and procedures to ensure character references for new staff are requested and recorded suitably.
- Review the protocols and procedures to ensure staff are up to date with their training and their Continuing Professional Development.

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 reported and used incidents and complaints to help them improve. The process for reporting and responding to sharps injuries could be improved.

Most staff had received training in safeguarding and all had an understanding of how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks. The registered manager had not sought references for the dentists and there was no evidence of Hepatitis B immunity for the dental nurse.

Premises were clean and well maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. There were some gaps in the service history of the compressor.

The practice had arrangements for dealing with medical and other emergencies. Some items in the medical emergency kit were missing. There was no spacer device for the asthma inhaler or child sized oxygen mask. The practice only had one emergency oxygen cylinder. The Standing Dental Advisory Committee: conscious sedation in the provision of dental care "Report of an expert group on sedation for dentistry" states that a backup oxygen cylinder should be available in premises which carry out conscious sedation.

The risks associated with the use of sharps could be improved.

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 very good, outstanding 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.

There were some gaps in staff training and there was not an effective system in place to monitor what training had been completed.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, professional and caring. They said that they were given good explanations about treatment 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.

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.

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. There was a clearly defined management structure and staff felt supported and appreciated.

Some aspects of risk management had been implemented since we announced the inspection. These included checks relating to fire and Legionella.

The practice team kept complete patient dental care records which were typed. The practice did not keep an off-site back up of the electronic dental care records.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn.

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.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. One member of staff had sustained an inoculation injury. This showed it was from a used instrument. It was not clear from the accident sheet whether the staff member had followed the practice's sharps injury protocol and visited occupational health.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were acted on and stored for future reference.

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 four of the five staff had completed 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.

The practice had not adopted a safer sharps system and the sharps risk assessment did not reflect this. We were told the dental nurse was responsible for dismantling used needles. We were later sent evidence the sharps risk assessment had been updated.

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 with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and most had completed training in emergency resuscitation and basic life support every year. One dentist had not completed this training in the past year. This was highlighted on the day of inspection and we were assured this would be completed.

Most emergency equipment and medicines were available as described in recognised guidance. We noted there was no spacer device for the asthma inhaler or child sized oxygen mask.

The practice only had one emergency oxygen cylinder. The Standing Dental Advisory Committee: conscious sedation in the provision of dental care "Report of an expert group on sedation for dentistry" states that a backup oxygen cylinder should be available in premises which carry out conscious sedation.

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 three staff recruitment files. These showed the practice had generally followed their recruitment procedure. We noted the registered manager had not sought references for the two dentists. We were told they would seek references for any future members of staff.

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. These covered general workplace and specific dental topics. We noted the fire checks had recently been implemented. We were assured by the registered manager these would be carried out routinely and some tasks would be delegated to other members of staff.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

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

Infection control

Are services safe?

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. The registered manager could not demonstrate if staff had completed any training in relation to infection control.

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 practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems.

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. We noted there was a gap in the service history of the compressor. The registered manager had identified this after the inspection was announced and had taken action to get it serviced. We were assured a more robust process would be put in place to ensure equipment is serviced in line with manufacturer's guidance.

The practice had suitable systems for prescribing medicines.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

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.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

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. Only one case of conscious sedation had been carried out since the practice opened.

The practice's systems included checks before and after treatment, 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 dentist assessed patients appropriately for sedation. 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. We were told they checked the patient's pulse, blood pressure, breathing rates and the oxygen saturation during treatment.

An appropriately qualified dental nurse was brought in to support the dentist 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 dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme.

We noted there were some gaps in staff training. There was no evidence staff had completed infection prevention and control training and one member of staff had not completed safeguarding training in the past three years. The registered manager told us a process would be put in place to check if staff had completed training.

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with 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 dentist 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. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

Nervous patients told us staff put them at ease. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. Staff were fully aware of this and 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. We were told they did not have a system in place for an off-site back up. We were told this would be addressed.

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. A dentist 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 general dentistry, treatments for gum disease and more complex treatment such as dental implants. There were information leaflets in the waiting room about different treatments available.

The treatment room had a screen so the dentists could show patients 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

The practice had an appointment system to respond to patients' needs. Staff told us they would endeavour to see patients who requested an urgent appointment the same day. This may involve asking one of the dentists to come in on a Tuesday or Thursday when they would not usually work. The dentist said they would be happy to do this. The registered manager was looking into organising a buddy arrangement with another local practice.

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.

Patients were sent a text message reminder two days prior to any appointment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a portable ramp to access the building, a hearing loop and an accessible toilet with hand rails and a call bell.

They had access to interpreter services which included British Sign Language.

Access to the service

The practice displayed its opening hours on the premises 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 and kept appointments free for same day appointments. The website and a sign in the window of the practice provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. 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 registered manager was responsible for dealing with these. Staff told us they would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response.

The registered 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.

We looked at comments, compliments and complaints the practice received in the past 12 months. These showed the practice responded to concerns in a timely manner.

Are services well-led?

Our findings

Governance arrangements

The registered manager was responsible for the day to day running of the service. One of the dentists provided clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. We noted the practice's approach to risks associated with sharps and fire could be improved. The regular fire checks had only recently been implemented. We were assured these checks would be completed in line with the practice's fire risk assessment.

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 registered manager 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 registered manager was approachable, would listen to their concerns and act appropriately. The registered manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice did not hold formal practice meetings as the team was small and not all staff ever worked on the same day. We were told informal discussion took place. These were not documented. The registered manager advised us these informal discussions would be documented to ensure there was an audit trail of any discussions and learning could be shared with those not present.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice did not have a system in place to monitor staff training. We identified some gaps in staff training. For example one member of staff had not completed safeguarding training in the past three years, one member of staff had not completed medical emergency training in the last year and there was no evidence of infection control training for any staff. We were assured a system would be implemented to ensure staff completed training as recommended by the General Dental Council.

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

The practice used comment cards to obtain staff and patients' views about the service. We reviewed the feedback which had been collected and it showed the patients were happy with the service provided.