Alker and Slater

Garforth Dental

Inspection report

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Overall summary

We carried out this announced focussed inspection 3 November 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 asked 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 not 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?

Summary of findings

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

Background

Garforth Dental is in the village of Garforth just outside Leeds in West Yorkshire and provides private dental care and treatment for adults and children.

The practice holds two registrations with the Care Quality Commission. Both registrations go by the name of Garforth Dental. There is a limited company (an organisation) which provides private dental care and a partnership which provides NHS dental care to adults and children. This report is in relation to the partnership. A separate report has been produced in respect of the limited company.

The practice occupies a first-floor location with access via a flight of stairs. People who use wheelchairs and those with pushchairs would be seen at the sister practice in Kippax approximately two miles from this practice. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes five dentists, one dental hygienist, eight dental nurses, six of whom are trainee dental nurses, one receptionist and a practice manager. The practice has four treatment rooms, all of which are located on the first floor.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC 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 Garforth Dental is one of the principal dentists.

During the inspection we spoke with dentists, a dental hygiene therapist and dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday: 9am to 5:45pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which did not reflect published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff. However, oversight of those systems could be improved.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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.
- Consent was not always clearly recorded in dental care records.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.

Summary of findings

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

- Ensure care and treatment is provided in a safe way to patients

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:

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. Particularly in respect of reviewing the local rules.

- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Requirements notice** ✖
Are services effective?	**No action** ✓
Are services well-led?	**No action** ✓

Are services safe?

Our findings

We found this practice was not providing safe 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 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.

Although some issues were identified, the impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

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. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There was a designated lead person for safeguarding within the practice. They had completed safeguarding training to the required level.

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 children's safeguarding policy also covered children who 'were not brought' to their dental appointments.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. There was a lead for infection control as recommended by the published guidance. The lead had undertaken infection control training in line with their continuing professional development.

The provider had introduced procedures to minimise the risks to patients and staff related to COVID-19. These included reduced patient numbers, social distancing, personal protective equipment for staff, and face coverings for patients and any chaperones.

The provider had arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM 01-05. Improvements were needed to the processes to store instruments appropriately after sterilisation. Improvements should be made to ensure instruments are consistently bagged and dated after sterilisation, and any unbagged instruments stored in the treatment rooms are reprocessed at the end of each day. The staff were manually cleaning dental instruments before they were cleaned in the ultrasonic cleaner. We noted there was no thermometer to check the water temperature for either manual cleaning or the ultrasonic cleaner. For manual cleaning, it should be below 45 degrees centigrade, and staff were unaware of the need to check the temperature. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

Improvements were needed to ensure equipment used by staff for cleaning and sterilising instruments is validated and used in line with the manufacturers' guidance. The practice had two ultrasonic instrument cleaners, there was no record of them having had protein or soil tests completed. These should be completed on a weekly basis as identified in national guidance. In addition, there was no evidence to show foil ablation tests to ensure the efficacy had been completed for either machine, which should be completed on a quarterly basis.

Are services safe?

There were two type B (vacuum) autoclaves. The manufacturer's instructions state a steam penetration test should be undertaken daily. We saw no evidence this was happening. In addition, the second autoclave had been adjusted to 121 degrees centigrade (from 134 degrees centigrade), as plastic scalers were becoming brittle and cracking at the higher temperature. We did not see any evidence that the manufacturer had been consulted for guidance regarding lowering the temperature.

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 records of hot and cold-water testing and dental unit water line management were maintained. The Legionella risk assessment had been completed by an external company in October 2018 and was kept under review internally.

We saw effective cleaning schedules to ensure the practice was kept clean. During the inspection 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. Measures were taken to ensure clinical waste was stored securely.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. However, we saw the audit had not identified the issues we have highlighted in this inspection and did not reflect what was happening in the practice.

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 in the dental care record and a risk assessment completed.

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. We looked at five staff recruitment records. These 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 appliances.

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 provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every six months following current guidance and legislation. The provider had registered with the Health and Safety Executive. The practice had rectangular collimation fitted to all of the X-ray machines and was using digital X-rays to enhance the safety of patients and staff. Local rules for the X-ray units were available however, they needed to be updated, as they referred to staff no longer working at the practice and were generic to the whole practice, rather than specific for each individual treatment room.

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

Are services safe?

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

A Covid-19 risk assessment had been completed. We observed staff were wearing personal protective equipment and a social distancing regime was in place. Extended cleaning times had been introduced in treatment room between patients, particularly those having had an aerosol generating procedure.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. We noted that sharps bins had not been signed or dated. NICE Clinical Guideline (CG139) March 2012 (updated February 2017) says the bins should be replaced every three months, even if not full. Signing and dating the sharps bins will identify when the three-month period has expired.

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.

Staff had completed sepsis awareness training. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, we noted the records needed updating to reflect changes to expiry dates.

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

The provider had data information sheets and risk assessments related to 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 clinicians 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 and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Medical histories were either e-mailed to patients before their appointment or checked over the telephone. They were then double checked by the clinicians with the patients in the treatment room, and the results were recorded in the dental care records at each visit.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These 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

Are services safe?

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.

The dentists were aware of current guidance with regards to prescribing medicines.

We saw the practice occasionally issued NHS prescriptions to patients. We saw staff stored NHS prescriptions securely. We noted a pad of NHS prescriptions which had been pre-stamped and discussed the risks these posed with the providers. The pre-stamped NHS prescriptions were destroyed immediately, and we were given assurances this would not happen again going forward. There were records of NHS prescriptions which had been dispensed, but there were no records of NHS prescriptions held in the practice which would enable the staff to monitor and identify if any were missing, as described in current guidance. This would give an audit trail and increase the security of NHS prescription pads.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been four safety incidents, including accidents and significant events. The practice had systems and processes to record, investigate and analyse any safety incidents that occurred. If relevant these were discussed with the rest of the dental practice team to prevent such occurrences happening again or as a learning exercise.

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. The practice reviewed regular Coronavirus (COVID-19) advisory information and alerts. Information was provided to staff and displayed for patients to enable staff to act on any suspected cases. Patients and visitors were requested to carry out hand hygiene and wear a mask on entering the premises.

Are services effective?

(for example, treatment is effective)

Our findings

We found that 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 practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware 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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice's consent policy 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. The team were aware of the Mental Capacity Act 2005 (MCA) and understood their responsibilities under the act when treating adults who might not be able to make informed decisions. We saw improvements could be to the policies relating to the MCA and best interest decisions. During this inspection changes were made, and the policy was updated to address those areas identified for improvement.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. We noted in some dental care records patient consent was not as clearly recorded as in others. We discussed this with the provider who assured us this would be addressed.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. The relevant information was recorded in a detailed and clear manner and was easily accessible for clinical staff.

We saw that dental care records were being audited in line with national guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the 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.

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 well-led?

Our findings

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

Leadership capacity and capability

We found leaders and managers had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders and managers. During the inspection, leaders were open to discussion and feedback about improvements highlighted by the inspection process. They understood the challenges and were addressing them.

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.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. The COVID-19 pandemic had reduced numbers of patients seen at the practice. However, the provider had taken steps to ensure the maximum number of patients who could receive an appointment, received one. Provided this could be done safely and giving due consideration to the restrictions imposed by COVID-19.

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. Managers had systems to identify and act on behaviour and performance that was not consistent with the vision and values of the practice. These included a range of human resources policies and procedures.

Staff discussed their training needs at six-monthly appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans where appropriate in the staff folders.

The practice was holding regular staff meetings. Minutes were taken of the meetings as a record of discussions and for staff to be able to refer to decisions taken at the meetings.

The staff focused on the needs of patients; appointment times were scheduled where possible to meet patients' individual needs. Patients' with restricted mobility could be seen at a sister practice which had ground floor facilities and easier access.

Openness, honesty and transparency were demonstrated when responding to incidents. 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

Staff had responsibilities, roles and systems of accountability. Improvements were needed to the governance and risk management systems."

The provider and registered manager had overall responsibilities for the management and clinical leadership of the practice. The practice manager oversaw the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

Are services well-led?

The provider 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.

Improvements could be made to the governance systems within the practice. We saw examples where there was a lack of oversight, such as in respect of monitoring of the infection prevention and control processes, and the use of audits to drive improvements.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

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 practice involved patients, the public, staff and external partners to support high-quality sustainable services.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. This had been suspended during the COVID-19 pandemic, so patients were encouraged to leave feedback on one of the on-line forums.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Before the COVID-19 pandemic the practice was giving out approximately 40 feedback and satisfaction surveys per month to patients. Feedback was overwhelmingly positive. We were told this would resume when it was safe to do so.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. The system of audits was not robust, as during this inspection we identified areas where audits had failed to identify issues or highlight them for improvement.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. There were systems in place to support staff in training and meeting the requirements of their continuing professional development.

Staff had completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The validation of decontamination equipment was not being undertaken, in particular – • Foil ablation testing for the ultrasonic bath was not carried out. • Neither protein nor soil tests were being completed on the ultrasonic cleaners. • One autoclave was not being used in line with the manufacturer's instructions, as the operating temperature had been reduced below that in national guidance. • Steam penetration testing for the vacuum autoclaves at the practice, was not carried out in line with national guidance. • The re-processing of dental instruments both bagged and unbagged did not follow national guidance. • There was no thermometer available to check water temperatures when manually cleaning dental instruments. Assurances could not be given that staff were following nationally recognised guidance. Systems and processes had failed to identify this. Regulation 12 (1)