

Mr Michael South

# Mr Michael South - Kirkstall Road

## Inspection Report

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### Overall summary

We carried out this announced inspection on 6 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information of concern.

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**

MW South dental practice is in Leeds and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

# Summary of findings

The dental team includes two dentists, four dental nurses (two of which are trainees) and two receptionists. The practice has three treatment rooms and two instrument decontamination rooms.

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.

On the day of inspection we collected 46 CQC comment cards filled in by patients and spoke with two patients. This information gave us a positive view of the practice.

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

The practice is open:

Monday and Friday 08:30 – 13:15, Tuesday to Thursday 08:30 – 17:45

## 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 some systems to help them manage risk but improvements could be made.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.

- Improvement was required when providing care and treatment to bring processes in line with recommended guidance.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The use of rubber dam was not in line with guidelines issued by the British Endodontic Society.
- The appointment system met patients' needs.
- Management processes and leadership could be improved. Staff felt involved and supported and worked well as a team.
- The practice asked staff and 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. They should:

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review current procedures to ensure a system is in place to track and monitor prescription use.
- Review the practice's policy and the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken and the products are stored securely.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice protocols and adopt an individual risk based approach to patient recalls taking into account National Institute for Health and Care Excellence (NICE) guidelines.

# 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 completed essential recruitment checks.

The use of rubber dam was not in line with recommended guidelines issued by the British Endodontic Society.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The assessment of risk associated with Control of Substances Hazardous to Health could be improved.

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

There was no system in place to track and monitor prescription usage.

No action



### Are services effective?

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

The assessment of patients' individual needs and appropriate recall intervals were not recorded in line with recommended guidance and the level of detail recorded in patient care records could be improved.

Patients described the treatment they received as very good, excellent and always to a high standard. The dentists discussed treatment with patients so they could give informed consent; we found consent was not recorded consistently in the dental care 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 and had systems to help them monitor this.

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 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, professional and understanding. They said that they were given helpful, honest explanations about dental 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 in-house and external 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 patient dental care records which were written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work this included asking for and listening to the views of patients and staff. The follow up process for continuous improvement could be improved.

**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 had a system in place to respond to and discuss incidents to reduce risk and support future learning but the reporting process required revising. We saw that no policy was in place to reflect the complete process. An updated incident reporting policy was implemented after the inspection to include a robust reporting procedure for learning and improvement.

The practice had received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) but no alerts had been received recently. We reviewed the most recent alerts with the principal dentist and were assured the process to receive MHRA alerts would be reviewed immediately. A policy was put in place to reflect this after the inspection.

### **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.

Staff told us they felt confident they could raise concerns without fear of recrimination; there was no whistleblowing policy in place at the time of inspection. A whistleblowing policy was implemented after the inspection.

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 regulations when using needles and other sharp dental items.

The dentists did not routinely use rubber dams in line with guidance from the British Endodontic Society when

providing root canal treatment. We spoke with the dentists to identify if they used any other safety precautions during root canal treatments; we were told other safety measures were in place to secure endodontic files but this was not recorded in the patient care records.

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

Staff described how they had to adapt their business continuity plan in response to an external flooding event which stopped safe treatment at ground floor level. As a result the practice was able to continue to provide treatment to patients by moving essential equipment to the first floor. The essential adjustments post incident had brought about positive change for the practice.

### **Medical emergencies**

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Glucagon, which is required in the event of severe low blood sugar, was kept refrigerated but the temperature of the fridge was not monitored or recorded in line with the manufacturer's instructions. We discussed this with the principal dentist and were assured that an appropriate process would be put in place immediately.

### **Staff recruitment**

The practice had recruitment procedures to help them employ suitable staff but no policy was in place to support the recruitment process. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure. A recruitment policy was implemented after the inspection; this reflected the relevant legislation and practice procedures.

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

### **Monitoring health & safety and responding to risks**

# Are services safe?

The practice's health and safety policies and risk assessments were in place 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.

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

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

We reviewed the Control of Substances Hazardous to Health (COSHH) folder which identified hazardous materials used at the practice; some of which were no longer being used. Risk assessments and safety data sheets were present but not all cleaning and new dental materials had been identified or risk assessed. We discussed this with the principal dentist who assured us the COSHH folder would be brought up to date and new materials would be added.

## 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.

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.

We identified two areas for review in relation to manual instrument cleaning and equipment validation, for example, no soil test was carried out on the ultrasonic bath and heavy duty gloves were not changed weekly. We highlighted these areas to the principal dentist who assured us these areas would be addressed immediately.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards to 97%, areas identified on the action plan had been reviewed, assessed and a date assigned for future completion.

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 with the exception of the ultrasonic bath soil test.

The practice stored and kept records of NHS prescriptions as described in current guidance. A process was not in place to track and monitor their use.

## 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 some evidence that the dentists justified, graded and reported on the X-rays they took but improvements could be made to the recording of this in the patients' dental care records.

The practice carried out X-ray audits every year 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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The practice kept dental care records containing information on past treatment and medical history; we found areas where improvement could be made to the level of detail being recorded. For example, recording of X-rays taken and inconsistent note taking to confirm consent to treatment had been gained from the patient. We also saw post-operative reporting after root canal treatment was not routinely documented.

Patients were not recalled based upon an assessment of risk; we were told most patients preferred to return every six months.

We highlighted these areas to the dentists and were assured that future record keeping would be reviewed and more robust and relevant processes and recalls would be brought in line with recommended guidance.

### 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 but we found improvements could be made. For example, they used fluoride varnish for children based on an assessment of the risk of tooth decay for each child. The age at which children were offered this treatment was not in line with recommended guidance. The dentists assured us they would revise this process to bring it in line with recommended guidance.

We saw that improvements could be made to the awareness of the selection criteria for taking X-rays to bring the process in line with the Faculty of General Dental Practice (FGDP) recommended guidance.

We saw that improvements could be made to the awareness of the assessment of gum disease to bring this process in line with British Society of Periodontology guidance.

The dentists assured us these areas would be reviewed and brought in line with recommended guidance.

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

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice 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 confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

Dentists 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 patients' consent to treatment but the recording of consent in the patient's records could be improved. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions but this was not consistently recorded. 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.



# 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 understanding, happy and professional. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate, understanding and provided an exemplary service.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area provided limited 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. They stored paper records securely.

### **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 but this was not always recorded in the patients care records.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease.



# 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff told us that dentists would swap treatment rooms on occasion to accommodate patients with limited mobility.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a ground floor treatment room and an accessible toilet.

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

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on the NHS Choices 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 some appointments free for same day appointments. The NHS Choices website, information leaflet and answerphone 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 principal dentist 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 principal dentist 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 last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. 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 identified areas where improvements could be made to monitoring the quality of the service and implementing improvements as a result.

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 dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns 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 quality assurance processes to encourage learning and continuous improvement required revising; this included audits of dental care records and X-rays. For example X-ray and record keeping audits were carried out and analysis of the results was documented; we found the

same areas for improvement being repeated at subsequent audits, therefore showing that continuous improvement was not being achieved. We were assured that a more structured approach to follow up and learning for improvement would be implemented within the practice.

On the day of the inspection the staff were open to feedback and took immediate actions to address the concerns raised during the inspection and sent evidence to confirm that action had been taken. For example they discussed a new approach to the use of rubber dam and agreed to review their procedures to bring them in line with FGDP guidance in relation to record keeping. We were also told they would review current processes to manage patient recalls in accordance with current guidance and adopt a new approach to fluoride application which would bring this process in line with current guidance. We saw that policy documents such as whistleblowing and recruitment were updated immediately after the inspection to reflect current guidance and practice procedures.

The principal dentist showed a commitment to learning and valued the contributions made to the team by individual members of staff. The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed recommended training, including medical emergencies and basic life support, each year. 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, comment cards and verbal comments to obtain staff and patients' views about the service.

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.