

Ishak Practices Ltd

Red Lea Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 7 December 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Red Lea Dental Practice is situated in Easingwold, York and is part of an organisation. The practice offers mainly NHS treatment with an option for some private treatments. The services include preventative advice, routine dental care and NHS Orthodontics.

The practice has four surgeries, one on the ground floor and three on the first floor, a decontamination room, a reception area, a waiting room, and toilet facilities.

The practice has two dentists, one dental nurse, a trainee dental nurse and an area manager.

The practice is open:

Monday – Friday 09:00 – 17:00

One of the practice owners is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons 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 received one CQC comment card providing feedback and spoke with seven patients. The patients who provided feedback were positive about

Summary of findings

the care and treatment they received at the practice. They told us they were involved in all aspects of their care they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- There was a complaints system in place. Staff recorded complaints and cascaded learning to staff.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The practice sought feedback from staff and patients about the services they provided.
- Governance arrangements were in place for the smooth running of the practice; however the practice did not have a structured plan in place to audit quality and safety beyond the mandatory audits for infection control and radiography. The practice planned to establish a more detailed system for this.

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

- Carry out audits of various aspects of the service, such as radiography and dental care records at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Review the legionella risk assessment and action plan. Implement daily and monthly water testing and ensure a member of staff has received adequate training to be the competent person.

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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

We saw staff had received a variety of training in infection control. There were two decontamination rooms and guidance for staff on effective decontamination of dental instruments.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs. Staff induction processes were in place and had been completed by all staff.

We reviewed the legionella risk assessment dated July 2015 and reviewed the action plan

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE).

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH).

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options, relevant X-rays including grading and justification.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

Comments from the patients we spoke with on the day of the inspection included statements saying they were involved in all aspects of their care and they were treated with dignity and respect in a clean and tidy environment.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone.

Summary of findings

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily appointments for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had disability access through a door that led into the waiting area and a ramp that could be placed to help anyone with mobility requirements.

The practice had a complaints process which was accessible to patients who wished to make a complaint. Staff recorded complaints and cascaded learning to staff. They also had patients' advice leaflets and practice information leaflets available in the waiting area.

Are services well-led?

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

There was a clearly defined management structure in place. The registered manager was responsible for the day to day running of the practice and also delegated tasks to the practice manager.

Staff reported that the registered manager was approachable; they felt supported in their roles and were freely able to raise any issues or concerns with her at any time. The culture within the practice was seen by staff as open and transparent.

The practice was currently undertaking a patient satisfaction survey and participating in the NHS Family and Friends Test.

The practice had implemented staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice was in the process of reviewing various audits to monitor their performance and help improve the services offered. The audits included infection control and patient dental care records.

Red Lea Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 7 December 2015 and was led by a CQC inspector and a specialist advisor.

We informed the NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the registered manager, two dentists and two dental nurses. We saw policies, procedures and other records relating to the management of the service and we reviewed one CQC comment card that had been completed.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered manager.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The registered manager told us that any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had no entries recorded in the last 12 months; historical incidents had been followed up in accordance with their policy and reviewed at a staff meeting to prevent further incidents.

The registered manager told us they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and vulnerable adults using the service. They did not include the contact details for the local authority safeguarding team, social services and other relevant agencies; this was brought to the attention of the registered manager to contact the local team for details. One of the dentists was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

We saw all staff had received safeguarding training in vulnerable adults and children. In respect of safeguarding children, all staff were trained to level two. The registered manager demonstrated an awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The registered manager told us all dentists routinely used a rubber dam when providing root canal treatment to patients and further discussion with the dentists confirmed this. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient's airway.

The practice had a whistleblowing policy which staff were aware of and staff told us they felt confident that they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw the practice kept logs which indicated that the emergency equipment, emergency oxygen and AED were checked weekly. Emergency medicines were also checked weekly. This ensures that the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were all in date. The medical oxygen cylinder had been serviced in June 2015.

Staff recruitment

The practice had a policy for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration.

The practice had evidence of when the last Disclosure and Barring Service (DBS) checks for all staff had been carried out, the registered manager told us this was done every three years or when a new member of staff joined the team.

Are services safe?

These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults whose circumstances may make them vulnerable.

All qualified clinical staff were registered with the General Dental Council (GDC). We saw copies of current registration certificates for all staff. The dentists had indemnity insurance cover (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered other employees working at the practice.

Monitoring health & safety and responding to risks

The practice had recent evidence of undertaking risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The last review was completed in July 2015. The practice had a Health and Safety policy which included guidance on fire safety and manual handling of clinical waste. We saw the policy had been reviewed recently.

The practice had a Control of Substances Hazardous to Health (COSHH) folder and risk assessments that had been completed for all materials used on the premises. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

We observed the fire extinguishers had been checked annually to ensure they were suitable for use if required. We noted the fire extinguishers had been checked in September 2015.

Infection control

The practice had a decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones.

There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination work. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff.

We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included disposable gloves, aprons and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were placed in a washer disinfectant, examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in sealed boxes.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

We saw from staff records that all staff had received a variety of infection prevention and control training during 2015.

There were adequate supplies of liquid soap and paper hand towels in the decontamination area and surgeries. A poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilets.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely for collection inside the practice in a designated, locked area. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste and this was about to change to be in line with the rest of the organisation.

The staff files we reviewed showed that all clinical staff had received relevant vaccinations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the last legionella risk assessment report dated July 2015. Legionella is a term for particular bacteria

Are services safe?

which can contaminate water systems in buildings. The recommended water testing was to be implemented as soon as possible to comply with the action plan within the assessment.

Equipment and medicines

We saw the Portable Appliance Testing (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) was undertaken annually and had been completed in September 2015.

We saw the fire extinguishers had been checked in September 2015 to ensure they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, compressors and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. Other than emergency medicines, no other medicines were kept at the practice.

Radiography (X-rays)

The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The local rules were also displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered manager told us they were about to implement annual quality audits of the X-rays taken.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and drinking and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

The dental care records we looked at with the registered manager showed at all subsequent appointments patients were always asked to review and update a medical history form. This ensured the dentists were aware of the patients' present medical condition before offering or undertaking any treatment.

There was evidence patient dental care records had been recently audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in September 2015, there was no action plan in place. This would help address any issues that arose and set out learning outcomes. This was brought to the attention of the registered manager to review the process.

We looked at patient dental care records with the registered manager and found they were in accordance with the guidance provided by the Faculty of General Dental Practice. For example, evidence of a discussion of treatment needs with the patient was routinely recorded. The practice recorded that medical histories had been updated prior to treatment. Soft tissue examinations, diagnosis and basic periodontal examination (BPE) – a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums, had also been recorded.

The dentists told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and

explained the costs. By reviewing the dental care records we found these discussions were recorded, signed and treatment plans were scanned into the patients' care records.

Patients' oral health was monitored by the dentists and followed up accordingly; this was in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records that the dentists were following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or implants were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the NHS and private fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries.

The registered manager advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this included fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a registered dental professional. The registered provider gave all staff access to an online CPD portal that covered a range of verifiable courses.

Staff training was being monitored and recorded by the registered manager. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Are services effective?

(for example, treatment is effective)

The registered manager told us they would start annual appraisals and training requirements when they had recruited a full team in January 2016. Staff felt they could approach the registered manager at any time to discuss continuing training and development as the need arose.

Staff from another sister practice would provide cover period of absences, for example, because of sickness or holidays. This was in place on the day of the inspection where a dentist and dental nurse had travelled to support the practice and prevent the need to reschedule patients.

Working with other services

The dentists explained they would refer patients to other dental specialists when necessary, for example patients for minor oral surgery and orthodontic treatment when required.

The referrals were based on the patient's clinical need. In addition, the practice followed a two week referral process to refer patients when oral cancer was suspected. The registered manager said they had a good line of

communication with local services. Updates of referral requirements were shared with the practice from local hospitals and referral practices to keep them up to date with the criteria structure for referral.

Consent to care and treatment

Staff demonstrated awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentists demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The dentists informed us verbal consent was always given prior to any treatment. In addition, the advantages and disadvantages of the treatment options were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

Staff understood the need to maintain patients' confidentiality. All staff had access to training in information governance, this provides a responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient's records were held securely on the computer and electronic tablets were in place to sign paperwork straight in to the patient dental care records.

We received one CQC comment card providing feedback and spoke to seven patients. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care they were treated with dignity and respect.

Involvement in decisions about care and treatment

Comments made by patients confirmed that patients were involved in their care and treatment.

When treating children the dentists told us that to gain their trust and consent they explained the reasons for the treatment and what to expect. For patients with disabilities or in need of extra support staff told us that they would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting area described the range of services offered to patients and opening times.

The dentists told us they offered patient information leaflets on oral care and treatments in the surgery to aid the patients' understanding if required or requested.

The practice was open:

Monday -Friday 09:00 – 17:00

For patients in need of urgent dental care during normal working hours the practice offered same day appointments, for example those patients in pain. We saw there were slots available for emergency patients every day but if they were full an option for patients to sit and wait was provided. Patients commented that due to recent staff changes it had not always been easy to make an appointment and some general appointments had been cancelled with short notice; however if they needed and emergency appointment, appointments were available.

Tackling inequity and promoting equality

One surgery was located on the ground floor of the building and the other three were on the first floor. There was three steps at the entrance of the building and a ramp that could be placed for access to another door at the practice to assist access for patients with limited mobility.

Staff would be aware of when a patient was due with any accessibility requirements and would open the door and place the ramp on arrival. A bell was due to be placed so patients could alert the practice of their arrival more easily.

We saw staff had received equality and diversity training and staff told us patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

Access to the service

Patients could generally access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed to the NHS 111 service.

Concerns & complaints

The practice had a policy and processes to deal with complaints. The policy clearly set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice had received five complaints in the last year. There was evidence the complaints had been processed in accordance to the policy and in a timely manner, they had been raised at staff meetings to discuss if any changes could be put in place to prevent further complaints.

The staff were aware of the complaints process and told us that they would refer all complaints to the registered provider to deal with.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was an infection prevention and control policy. Staff were aware of their roles and the registered manager was in charge of the day to day running of the service. We saw the practice had patient surveys in place to monitor the quality of the service.

There was evidence that patient dental care records had been recently audited within the guidance provided by the Faculty of General Dental Practice. The last audit was undertaken in September 2015; however no action plan or learning outcomes were in place to address the issues that arose

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed at staff meetings where relevant. All staff were aware of whom to raise any issues with and told us the registered manager was responsive to their concerns and would act appropriately.

The registered manager and registered provider were aware of their responsibility to comply with the duty of candour and told us that they preferred to address any concerns or issues immediately should they arise.

Learning and improvement

The practice maintained records of staff training which showed that staff were up to date with their training. We saw staff had personal files that showed training was accessed through a variety of sources including formal courses and informal in house training. The staff also had access to an online CPD portal the provided a variety of courses. Staff stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

The registered manager said they were about to implement annual quality audits of the X-rays taken. The Infection prevention and control audit had been completed in December 2015; however no action plan or learning outcomes were in place. The patient dental care record audit also required action plans and learning outcomes to be implemented.

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

The practice was participating in the continuous NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that patients were extremely likely to recommend the practice to family and friend.

We saw the practice had implemented practice meetings which were structured and minuted giving everybody an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.