

Mr Stephen Kirkup

S Kirkup Dental Surgeon - Frederick Street South

Inspection Report

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Overall summary

We carried out a follow-up inspection at the SKirkup Dental Surgeon - Frederick Street South on the 13 December 2016.

We undertook an announced comprehensive inspection of this service on the 29 September 2016 where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to each of the breaches. This report only covers our findings in relation to those requirements.

We reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well-led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for S Kirkup Dental Surgeon - Frederick Street South on our website at www.cqc.org.uk.

We revisited the S Kirkup Dental Surgeon - Frederick Street South as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

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 well-led?

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

Background

S Kirkup Dental Surgeon is situated in Meadowfield, Durham. The practice has two treatment rooms, a reception desk contained within one treatment room, a waiting area and an office. Car parking is available on the streets outside the practice. Access for wheelchair users or pushchairs is possible via the ramp outside and both treatment rooms are located on the ground floor.

The practice is open Monday, Tuesday and Thursday 0900-1700, Wednesday and Friday 0900-1200 and provides predominantly NHS treatment to patients of all ages.

Summary of findings

The dental team is comprised of the principal dentist, a dental hygienist who works one day a week and two qualified dental nurses / receptionists.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

Our key findings were:

- All staff were welcoming and friendly.
- The practice was well organised, visibly clean and free from clutter.
- An Infection prevention and control policy was in place.
- We saw the sterilisation procedures followed recommended guidance.
- The practice had systems for recording incidents and accidents.
- Practice meetings were used for shared learning.
- The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training. Equipment for dealing with medical emergencies reflected guidance from the resuscitation council.
- Patient feedback was regularly sought and reflected upon.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Dental professionals were knowledgeable of current professional guidelines and provided treatment in accordance with these.
- The practice had developed a structured audit cycle to monitor the quality and safety of dental treatment and administrative work.
- Dental care records were detailed sufficiently to provide continuation of care and reflected guidance from the Faculty of General Dental Practitioners.

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.

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Medicines were stored appropriately, both for medical emergencies and for regular use and were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice.

No action



Are services effective?

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

No action



Are services well-led?

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

We found there were strong support systems in place to ensure the smooth running of the practice.

There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to.

The registered provider kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work.

No action



S Kirkup Dental Surgeon - Frederick Street South

Detailed findings

Background to this inspection

We undertook an announced focused inspection of S Kirkup Dental Surgeon on 13 December 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 29 September 2016 had been

made. We inspected the practice against three of the five questions we ask about services: is the service safe, effective and well-led. This is because the service was not meeting some legal requirements.

The inspection was carried out by two CQC inspectors.

During the inspection, we spoke with the registered provider and two dental nurses / receptionists.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff told us they had completed training and were fully aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice had implemented systems for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). The registered provider had undertaken training to gain more knowledge around the topics. There were no accidents or incidents recorded by the practice since our previous inspection.

The staff showed us they had a process in place to review recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. The staff had reviewed the past 12 months of alerts to ensure they had not missed any that required action.

Reliable safety systems and processes (including safeguarding).

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a thorough sharps risk assessment which was implemented in December 2016. Safety measures (rubber guards) were implemented for use in each surgery and training sessions had been sought to ensure the clinical staff were happy with the methods implemented.

Flowcharts were displayed in each surgery describing how a sharps injury should be managed. Staff advised us of their local policy on occupational health assistance.

The dentist told us they had implemented the use of rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided.

The practice had implemented and gathered information to ensure the policy for adult and child safeguarding which contained contact details of the local authority child protection and adult safeguarding. Staff told us their practice protocol and were confident to respond to issues should they arise. The registered provider was the safeguarding lead and training records showed staff had undergone level one or two training as appropriate.

Medical emergencies

The practice had reviewed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with 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. The practice had recently purchased an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) and staff were suitably trained in its use.

The practice kept medicines and equipment for use in a medical emergency. These were now all in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept. Buccal Midazolam was available for use in a seizure and Adrenaline single-use syringes were present for any allergic reaction emergencies. Glucagon (used for diabetic emergencies) was now appropriately stored in the fridge. We saw oxygen masks and airways of all sizes were available.

Staff recruitment

We reviewed the staff recruitment files for three members of staff to check that appropriate recruitment procedures were in place. We found files held all required documents including proof of identity, qualifications, immunisation status, indemnity, references from previous employment and where necessary a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. The registered provider showed us evidence an enhanced DBS check was underway for one dental nurse who previously had a basic DBS check.

Are services safe?

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice and they were all in place and specific to the practice.

We looked at the Control of Substances Hazardous to Health (COSHH) file and the practice risk assessment. These were carried out in accordance with the relevant legislation and guidance.

COSHH files are kept to ensure providers contain information on the risks from hazardous substances in the dental practice. We found the practice kept all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling, storage and emergency measures in case of accident) and risk assessments for each material as required by the Health and Safety Executive.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with the The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown.

We also saw the daily and weekly tests were being carried out by the dental nurses to ensure the sterilisers were in working order. The dental nurses told us they wore the correct PPE during sterilisation procedures and had undertaken training to refresh their knowledge.

We inspected the treatment rooms. The rooms were clean, drawers and cupboards were tidy with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms and toilets.

We saw the practice had purchase two new high speed hand pieces to replace those that were rusty.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice kept a thorough radiation protection file which included the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, a new Health and Safety Executive notification, the local rules and maintenance certificates. The practice was awaiting confirmation from a competent person to reduce the radiation dose and analyse the film speed in use. We received evidence shortly after the inspection to confirm this would be carried out in a week.

The registered provider showed us the practice was undertaking regular analysis of their X-ray through an annual audit cycle. We saw audit results from October 2016 were in line with the National Radiological Protection Board (NRPB) guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The registered provider told us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals and they understood recalls were based upon the patients' risk of dental diseases. They also used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

We used guidance from the Faculty of General Dental Practice (FGDP) to help us make our decisions about whether the practice records and record keeping were meeting best practice guidelines. We found evidence to suggest the practice had systems in place that were equal to or better than what was recommended in the FDGP guidance.

Staffing

Staff told us they were supported and encouraged to maintain their continuous professional development (CPD) and we saw evidence of this in staff files. We found staff had undergone recent training in infection prevention and control, safeguarding, information governance and mental capacity. They told us they had a good understanding of these topics now.

Working with other services

The registered provider confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the

practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. We saw the practice had contact details for their local urgent referral teams.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' dental care record.

Staff were clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence. They had all undergone recent training in these subjects. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

Are services well-led?

Our findings

Governance arrangements

The registered provider provided us with the practice policies, procedures, certificates and other documents. We viewed documents relating to safeguarding, staffing and maintenance. We found all policies were signed and updated to reflect the changes within dentistry or within legislation.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

Leadership, openness and transparency

The overall leadership was provided by the registered provider. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

Learning and improvement

A regular audit process was now apparent within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

Clinical and non-clinical audits were carried out in the last two months. Topics included radiography, infection prevention and control and record keeping audits. We saw these audits were carried out with results and action plans clearly detailed.

Improvement in staff performance was monitored by personal development plans and appraisals. Regular informal appraisals were carried out each week since our previous inspection.

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

The practice had systems in place to seek and act upon feedback from staff members and people using the service.

Staff and patients were encouraged to provide feedback either verbally, online, text and using the suggestion boxes in the waiting rooms. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. Survey results were displayed in reception to show patients how their views have been considered.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the registered provider.