

Mr. Alan Moffatt

Pitsmoor Dental Health Centre

Inspection report

139 Burngreave Road
Sheffield
S3 9DL
Tel: 01142723076
www.pdhc.co.uk

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Overall summary

We carried out this announced comprehensive inspection on 13 March 2023 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, the following 5 questions were asked:

- 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had recently introduced systems to manage risks for patients, staff, equipment, and the premises.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which mostly reflected current legislation. Protocols were introduced to obtain existing staff employment records.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement. Systems to ensure good governance were ongoing.
- Staff felt involved, supported, and worked as a team.
- Systems were ongoing to embed new and existing processes after a period of staffing instability.
- Systems were ongoing to ensure staff knew how to act on patient safety alerts and incident reporting.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Pitsmoor Dental Health Centre is in Sheffield and provides NHS and private dental care and treatment for adults and children.

There is step free access at the rear of the practice for people who use wheelchairs and those with pushchairs. Limited car parking spaces are available at the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 3 dental nurses, a dedicated decontamination dental nurse, a practice manager, and a receptionist. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 3 dental nurses, the receptionist, and the practice manager. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open: Monday to Thursday 9am – 5.30pm and Friday 9am – 2pm.

There were areas where the provider could make improvements. They should:

- Improve the practice's recruitment policy and procedures to ensure accurate, complete, and detailed records are maintained for all staff.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.
- Ensure an effective system is in place for receiving and responding to patient safety alerts and the recording, investigating, and reviewing incidents or significant events.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff had received safeguarding training; some staff members were trained to a higher level than required for their role.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted a large amount of hazardous waste, including gypsum and amalgam stored in the cellar. The provider confirmed after the inspection that this was being removed in line with current guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation. The provider was in the process of gathering existing staff employment documents, for example, identification and disclosure and barring service records; the practice manager demonstrated that this process was monitored using a spreadsheet to track ongoing progress.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. We saw recommendations in the electrical wiring condition report were reviewed and being acted on.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. We saw recommendations in the fire risk assessment were reviewed and being acted on.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included, vaccine immunity, sharps safety and sepsis awareness.

The provider confirmed that staff occasionally worked alone at the practice; this had not been risk assessed to keep staff safe. We received confirmation after the inspection that a risk assessment had been completed and the necessary risk mitigation was now in place.

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted the soluble aspirin was not held in the correct quantity for administration to a patient in line with national guidance; this was replaced with the correct type on the day of inspection.

Staff knew how to respond to a medical emergency and all established staff had completed training in emergency resuscitation and basic life support every year. We were told, recently recruited team members had not yet completed face-to-face basic life support training; the provider sent evidence after the inspection to confirm this had been arranged.

Are services safe?

Immediate life support training was also completed by staff providing treatment to patients under sedation.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health; we saw this was an ongoing process.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

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

Safe and appropriate use of medicines

Antimicrobial prescribing audits were not being carried out.

Track record on safety, and lessons learned and improvements

The practice had recently introduced a system to review and investigate incidents and accidents; this was to be embedded within the team.

The practice had recently introduced a system for receiving and acting on safety alerts; this was to be embedded within the team.

Are services effective?

(for example, treatment is effective)

Our findings

We found 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 professionals up to date with current evidence-based practice.

The practice offered conscious and intravenous sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. Staff assisting in sedation were enrolled on an appropriate sedation training course and had up-to-date Immediate Life Support training. The provider was in the process of undertaking continuing professional development (CPD), in line with current requirements. CPD for sedation had been added to the tracker spreadsheet to ensure training was undertaken regularly and in line with current requirements. Evidence was sent after the inspection to confirm a sedation record log, and a process to audit sedation treatments, had been put in place.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded, and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge, and experience to carry out their roles. The practice had recently recruited 2 staff members, we spoke with them on the inspection day and found they had been effectively inducted and were currently shadowing more experienced staff until they were fully competent in their new roles.

Clinical staff completed 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.

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. The provider had recently introduced a referral log to monitor all referrals sent from the practice.

The practice was a referral clinic for sedation and implants, and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

On the day of inspection, we spoke with 1 patient. We were told staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected electronic records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including a portable ramp for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient and information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's 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 who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

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

The provider demonstrated a transparent and open culture in relation to people's safety.

Having experienced significant staffing shortages over the past 12 months, the provider had employed an experienced manager to oversee the management and governance of the practice.

We saw there was an emphasis on people's safety and continually striving to improve.

The practice's systems and processes were in the process of being reviewed, updated, and embedded within the team. The provider was aware this would take time and had given the manager their full support and scope to achieve this. The practice team told us they welcomed the new and improved changes.

Where systems and processes had been reviewed, updated, and implemented, the information and evidence presented during the inspection process was clear and well documented.

The provider and manager were aware of the work required to fully address the shortfalls in governance, this was being achieved logically and systematically.

We saw the practice had plans to support and develop staff with additional roles and responsibilities.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

We saw arrangements were in place to ensure staff discussed their learning needs and additional requirements. This would include general wellbeing and aims for future professional development.

We saw arrangements were in place to ensure staff training was kept up-to-date and reviewed at the required intervals.

Governance and management

Systems and processes were being implemented to support good governance and management. The provider gave assurance these would be fully embedded among the team.

There were systems in place for managing risks, issues, and performance, protocols were in place to ensure these were fully embedded among the team.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate. We saw arrangements were in place to ensure staff meetings were scheduled into the diary.

Are services well-led?

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.