D & K Dental Care

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 28 July 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.

D&K Dental Care is situated in the Shirecliffe area of Sheffield. It offers mainly NHS treatment to patients of all ages but also offers private dental treatments. The services provided included preventative advice and treatment, routine restorative dental care, dental implants

The practice has two surgeries, a decontamination room, two waiting areas, a reception area and toilet facilities. Both surgeries and one waiting area are on the ground floor, the second waiting area is on the first floor.

There are three dentists and four dental nurses who all share reception duties on a rota basis.

The opening hours are Monday to Thursday 9-00am to 5-30pm and Friday 9-00am to 5-00pm.The practice owners are the registered managers. 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.

During the inspection we spoke with three patients who used the service and reviewed 52 completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received about the service.

Our key findings were:

Summary of findings

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- Dental care records were detailed and showed that treatment was planned in line with current best practice guidelines.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Patients were able to access appointments in a timely manner.
- Patients were treated with care, respect and dignity.

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

- Take action to make sure that the dental light in the front surgery is fit for purpose
- Take action to make sure that the dental chair in the back surgery is fit for purpose
- Review the practices protocol for undertaking X-ray audits

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.

Some equipment was not properly maintained. The upholstery on the dental chair in the back surgery was damaged and the dental light in the front surgery had damage to the casing.

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

The staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

Patients' medical histories were obtained before any treatment took place. The dentists were aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). The practice focused strongly on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing their professional development (CPD) and they 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.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. We looked at 32 CQC comment cards patients had completed prior to the inspection and spoke with three patients. Patients were positive about the care they received from the practice. They commented they were treated with compassion, kindness, respect and dignity while they received treatment.

We observed patients' privacy and confidentiality were maintained at all times in the waiting room and reception area.

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 they understood.

Are services responsive to people's needs?

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

Summary of findings

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had emergency appointment slots available each day. Patients commented that they were able to access emergency appointments when required. There were clear instructions available for patients who required emergency treatment outside opening hours.

Are services well-led?

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

There was a defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice owners were responsible for the day to day running of the practice and they were supported by a dental practice adviser.

The practice audited clinical and non-clinical areas as part of a system of continuous improvement and learning. There was a comment box in the waiting area and they were also undertaking the NHS Family and Friends Test.

There were good arrangements in place to share information with staff by means of six-weekly practice meetings which were minuted for those staff unable to attend.

D & K Dental Care

Detailed findings

Background to this inspection

This announced inspection was carried out on 28 July 2015 by a dentally qualified CQC inspector.

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

During the inspection we toured the premises, spoke with three patients, three dentists and three dental nurses. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 clear guidance for staff about how to report incidents and accidents. The practice owners understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. There had not been any referrals to RIDDOR in the last 12 months.

The practice was aware of national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult local safeguarding teams. One of the dental nurses was the safeguarding lead professional in the practice and all staff had undertaken safeguarding training in the last 12 months. The safeguarding lead had undertaken level three safeguarding training. Staff were aware of the signs of neglect and abuse and told us they were confident about raising any concerns with the safeguarding lead professional.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). However we saw that in the recent needlestick injury the incident had not been correctly recorded.

Rubber dams (this is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field and airway) were not routinely used in root canal treatment. The practice had done a risk assessment on this and used a parachute chain instead. A parachute chain is a device designed to avoid dropping a root canal instrument into the respiratory or digestive passages during root canal treatment.

We saw that patient records were accurate, complete, legible, up to date and stored securely to keep people safe and safeguard them from abuse.

Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was generally in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice did not hold midazolam (a drug used in the treatment of an epileptic fit). They had done a risk assessment on this and had deemed it not to be essential as there was an accident and emergency department only five minutes away. The emergency resuscitation kits, oxygen and emergency medicines were stored securely with easy access for staff working in any areas of the practice. Staff were aware of the location of the medical emergency kit. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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).

Records showed regular checks were carried out to ensure the equipment was safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us the practice carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. 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 who may be vulnerable. We reviewed records and these showed that all checks were in place.

Are services safe?

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. We identified that no external fire risk assessment had been done on the premises. Therefore the registered managers could not be sure that risks associated with fire were adequately minimised. The registered managers informed us that they had arranged for an external fire risk assessment to be done in September 2015.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, a pregnant person's risk assessment, fire evacuation procedures and risks associated with Hepatitis B.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in its blood spillage and waste disposal procedures.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. The practice had a nominated infection control lead who was responsible for ensuring infection prevention and control measures were followed.

Staff received training in infection prevention and control. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be generally clean and hygienic. In one surgery the dental chair upholstery was damaged and held together with glue and staples which would make effective cleaning difficult. In the other surgery the dental light was damaged as the handles had broken off which meant that it was not fit for purpose and also difficult to clean. Both of these issues were brought to the attention of the practice owners and they informed us that it was part of their refurbishment plans to get these issues resolved. We have asked to see evidence that this refurbishment has taken place within the time frame which they have specified.

Staff we spoke with told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. A cleaning schedule had recently been introduced which identified and monitored areas to be cleaned and colour coded equipment was used. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients we spoke with confirmed that staff used PPE during treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

The infection control lead showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely manually scrubbed and used an ultrasonic cleaning bath to clean the used instruments, examined them visually with an illuminated magnifying

glass, then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included heavy duty gloves, disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

The practice had carried out the self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

Records showed a risk assessment process for Legionella had been carried out. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice also undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning of each session and monitoring cold and hot water temperatures each month.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, autoclaves and the ultrasonic cleaner. The practice maintained a comprehensive list of all equipment. We saw evidence of validation of autoclaves, X-ray sets and the ultrasonic cleaner.

During the inspection we noticed that the dental chair in the back surgery had damage to the upholstery and had been inadequately repaired with glue and staples. We also noted that the handles on the dental light in the front surgery had broken off. Both of these issues meant that it was difficult to properly clean the affected areas. Both of these issues were brought to the attention of the registered manager. We saw that steps to resolve these issues were in the practice refurbishment plan. We have asked to see evidence that this refurbishment has taken place within the time frame which they have specified.

The batch numbers of local anaesthetics were recorded in patient dental care records. Prescriptions were stamped only at the point of issue to maintain their safe use.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested. A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were displayed. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training.

X-ray audits were carried out every month for each surgery. This involved assessing the quality of the X-rays taken to help reduce the risk of patients being subjected to further unnecessary X-rays. However there was no evidence of any action plan resulting from the audit results to help improve the quality of X-rays taken. We also noted that it was not ideal that the audits were undertaken for each surgery because the surgeries were shared so inconsistencies between practitioners could not be individually picked up. This was brought to the attention of the registered managers who agreed to undertake individual X-ray audits.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed paper dental care records. They contained information about the patient's current dental needs, social history and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice UK (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentist used National Institute for Health and Care Excellence (NICE) guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

We reviewed with the dentists the information recorded in nine patient care records regarding the oral health assessments, treatment and advice given to patients. Clinical records included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient every time they attended for treatment. This included an update on their social history, health conditions, current medicines being taken and whether they had any allergies.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record. Records showed a diagnosis was discussed with the patient and treatment options explained.

Health promotion & prevention

The practice focused on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example, the practice recalled children at high risk of tooth decay to receive fluoride applications to their teeth. The practice had a selection of dental products on sale in the reception area to assist patients with their oral health. Patients were given advice regarding maintaining good oral health. When required, high fluoride toothpastes were prescribed.

The practice had devised a social history questionnaire which asked about smoking, alcohol consumption, oral health procedures including type of toothpaste and tooth brush used, family history of gum disease, weight and diet. The practice informed us that this helped them provide a holistic approach to their care and took into account the importance of a healthy lifestyle in maintaining a health mouth.

Staffing

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all relevant staff and we saw evidence of on-going CPD. Mandatory training included basic life support, safeguarding and infection prevention and control.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. Staff told us the practice manager or the practice support manager were readily available to speak to at all times for support and advice. Staff told us they had received annual appraisals and reviews of their professional development. We saw evidence of completed appraisal documents.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. Referrals were made in a timely manner. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Letters received back relating to the referral were first viewed by the dentist to see if any action was needed and then were stored in the patients care record for future reference.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Patients were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff ensured patients gave their consent before treatment began. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred. We saw evidence of this documented in the dental care records and saw copies of signed treatment plans. Staff were aware of the importance of the Mental Capacity Act and its application to dental care.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 52 CQC comment cards patients had completed prior to the inspection and spoke with three patients on the day of inspection. Patients told us they were treated with kindness, dignity, respect and compassion whilst they received care and treatment. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. Staff we spoke with were aware of the importance of providing patients with privacy. Staff said that if a patient wished to speak in private an empty room would be found to speak with them. We observed positive interactions in the reception area and saw patients were greeted and staff were courteous and kind.

The waiting areas were separate to the reception desk and allowed for patient privacy. Staff told us if patients wished to have a private conversation a private room would be made available. During our observations we noted staff were discreet and confidential information was not discussed at reception.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients were also informed of the range of treatments available. The practice displayed information in the waiting area that gave details of NHS dental charges. The practice website also provided useful information about treatments which were available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and we found the premises and facilities were generally appropriate for the services that were planned and delivered. There was a sloped driveway leading to the entrance to the building. Staff told us that patients with mobility issues could park on the driveway to limit the amount of walking to gain access to the building. On the day of inspection we talked with a patient who used a walking frame who informed us that she had no issues with accessing the practice. The only toilet in the practice was located on the first floor, however the registered managers informed us that adding a downstairs toilet was part of the on-going refurbishment plan. Staff told us that new patients were made aware of the potential access issues and lack of downstairs toilet before booking an appointment. The practice also made it clear on the NHS choices website that there were no disabled toilet facilities. Patients we spoke with confirmed they had sufficient time during their appointment and did not feel rushed.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice recognised the needs of different groups in the planning of its services. We saw that they had made adjustments to enable patients to receive their care or treatment, including an audio loop system for patients with a hearing impairment.

Patients told us that they received information on treatment options and costs to help them understand and make an informed decision of their preference of treatment.

Access to the service

The practice displayed its opening hours on the premises, on the practice website and in its practice leaflet. Opening hours were Monday to Thursday 9-00am to 5-30pm and Friday 9-00am to 5-00pm. There were clear instructions in the practice, via the practice's answer machine, on its website and in the practice leaflet for patients requiring urgent dental care when the practice was closed. Patients we spoke with felt they had good access to routine and urgent dental care.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice owners to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints and concerns made by patients. We found there was an effective system in place which helped ensure a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room, on the practice website and in the practice leaflet. We reviewed a complaint which had been received in the past 12 months and it had been dealt with in a timely manner. It was evident from these records that the practice had been open and transparent with the patient.

Are services well-led?

Our findings

Governance arrangements

The practice owners shared the day to day running of the service. The practice had recently employed a dental practice adviser who was working with the practice owners to implement an effective clinical governance system. We saw evidence that improvements had been made to their management systems.

The practice had policies and procedures to support staff maintain patient confidentiality and understand how patients could access their records. These included confidentiality and information governance policies and record management guidance. The patients paper record cards were kept in locked cabinets in the secure office on the first floor. As part of their on-going refurbishment plans they were soon moving towards a computerised system for patients records.

Information about the quality of care and treatment was actively gathered from a range of sources, for example incidents and comments from patients. The practice audited areas of its practise as part of a system of continuous improvement and learning. This included clinical audits such as medical records and X-rays. We looked at the clinical record audit and observed that action plans had been identified. However the X-ray audit was somewhat flawed because the audit sample was taken for each surgery and not for each clinician. Therefore the individual performance was not being assessed.

The practice held monthly staff meetings where significant events and ways to make the practice more effective were discussed and learning was disseminated. All staff had annual appraisals where learning needs and aspirations were discussed.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care and to challenge poor practice. This was evident when we looked at the complaint which was saw had been received recently and the actions that had been taken as a result.

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 openly at staff meetings where relevant and it was evident that the practice worked as a team and dealt with any issue in a professional manner. All staff were aware of whom to raise any issue with and told us that the practice manager was approachable, would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Management lead through learning and improvement

There was a full range of policies and procedures in use at the practice and accessible to staff in the secure practice office. These included guidance about confidentiality, record keeping, incident reporting and data protection. There was a process in place to ensure that all policies and procedures were kept up to date.

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). We were informed as part of the practice's new management system that a training matrix was to be implemented to ensure that all staff were up to date with their CPD requirements.

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

Patients and staff we spoke with told us that they felt engaged and involved at the practice both informally and formally. Staff we spoke with told us their views were sought and listened to. The practice had systems in place to involve, seek and act upon feedback from people using the service and staff, including a comment box, patient survey and the NHS Family and Friends Test.

The practice also produced a newsletter every two months which included information about improvements made to the practice, oral hygiene advice and treatments which are available.