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Yeadon Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 29 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Yeadon Dental Centre provides private dental treatments to adults and children.

Due to the nature of the premises access for people who use wheelchairs is not possible. Car parking is available on roads nearby the practice.

The dental team includes three dentists, four dental nurses, two dental hygienists and one receptionist. The practice has two treatment rooms.

Summary of findings

The practice is owned by an individual who is one of the practice owners. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 44 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, two dental nurses and the receptionist. We also spoke with the business manager and one of the practice owners. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 8:30am to 12:50pm and 2:00pm to 7:00pm

Tuesday to Friday from 8:30am to 12:50pm and 2:00pm to 5:30pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Improvements could be made to the process for managing the risks associated with fire and the storage of Control of Substances Hazardous to Health (COSHH) substances.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- Improvements could be made to the governance procedures to ensure policies contain sufficient detail.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided.
- The practice staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the fire safety risk assessment and ensure that any fire safety management is effective.
- Review the practice's protocols and procedures to ensure staff are up to date with their training and their continuing professional development.
- Review the practice's protocols to ensure audits of radiography are clinician specific and audits of infection prevention and control have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

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.

Staff knew how to recognise the signs of abuse and how to report concerns. Not all staff had completed safeguarding training.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

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

Improvements could be made to the process for reducing the risks associated with fire. In particular, the availability of emergency lighting.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice provided support for staff to complete training relevant to their roles. Improvements to the process for ensuring staff were up to date with training could be improved.

No action



Are services caring?

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

We received feedback about the practice from 44 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, pleasant and helpful.

They said they were well informed about dental treatments, everything was fully explained and said their dentist listened to them. Patients said that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

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

The practice had recently gone through a management re-structuring. Systems and processes were currently being developed. Risks associated with fire and COSHH had not been appropriately managed. Not all staff were aware of who individual leads were within the practice. Staff held regular practice meetings to discuss the quality and safety of the care and treatment provided.

The practice team kept complete patient dental care records which were typed and stored securely.

The practice monitored clinical and non-clinical areas of their work. Improvements could be made to the process for carrying out these audits.

This service had a system in place to seek the views of patients.

No action



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The contact details in the policy were for both Leeds and Bradford. We discussed this with the practice owner who advised us that this policy is used across their other practices. We discussed the possible confusion which may occur with different contact numbers within the policy. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We saw evidence that some staff had completed safeguarding training. There was no evidence of safeguarding training for three members of staff and one had been completed more than three years ago. We were told this would be followed up.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans or adults where there were safeguarding concerns.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. We noted that a new Disclosure and Barring Service (DBS) checks had not been sought for new

members of staff. We saw evidence that DBS checks from previous employers had been obtained. There was no risk assessment in place to mitigate the risk associated with not getting a new DBS check. We saw on the day of inspection that DBS checks had been requested for the newest members of staff. These had not been received yet.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment had been completed in November 2016. This risk assessment stated that there was emergency lighting within the practice. We found there was no emergency lighting provision and the lack of emergency lighting had not been effectively risk assessed. In addition, there was only one smoke alarm in the premises. We were later sent evidence that a new fire risk assessment had been completed and actions taken accordingly. These included installing additional smoke alarms, an additional fire extinguisher and sourcing torches as temporary emergency lighting.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits. The latest audit had been completed since the inspection had been announced. This audit was not clinician specific. The previous radiography audit was completed in 2016.

We saw evidence that most clinical staff completed continuing professional development (CPD) in respect of dental radiography. We were unable to ascertain if one clinician had completed this training as their CPD folder was not available on the day of inspection.

Risks to patients

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. This risk assessment lacked detail and did not include other sharp instruments such as matrix bands or scalpels. A sharps injury protocol was available. This outlined the steps to take in the event of a sharps injury.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We noted there were no titre levels for one member of staff. A risk assessment had been put in place. This risk assessment did not include any steps about how the provider planned to reduce the likelihood of the member of staff sustaining a sharps injury.

Staff knew how to respond to a medical emergency and all but two members of staff could provide evidence to show they had completed training in emergency resuscitation and basic life support (BLS).

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

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. We noted that COSHH material's and prescription only toothpaste were not stored securely. We raised this on the day of inspection and were assured it would be addressed.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care.

The practice had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice carried out infection prevention and control audits twice a year. The latest audit indicated the practice was meeting the required standards. These audits did not reflect the issues which we identified on the day of inspection. In addition, there were no action plans associated with these audits.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety

Are services safe?

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The staff were aware of the significant event reporting process. No significant events had occurred in the previous 12 months. We were told that significant events would be discussed at staff meetings and also disseminated to other practices in the group by means of a weekly newsletter.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they advised high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and taking detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had a policy relating to consent. This policy lacked detail. For example, there was limited reference to

the Mental Capacity Act 2005 within the policy and no reference to Gillick competency. Staff were aware of their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions. In addition, they were also knowledgeable about Gillick competency and were aware of the need to consider this when treating young people under 16 years of age.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The dentist was aware of the processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

Are services effective?

(for example, treatment is effective)

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were polite, pleasant and helpful. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

requirements under the Equality Act:

- Interpretation services were available for patients who did not have English as a first language.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included, for example pictures and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

We were told that appointment time and duration would be altered to accommodate patients' needs and requirements.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Due to the nature of the premises wheelchair access was not possible. Patients who required assisted access were signposted to a local sister practice which is fully accessible. This was highlighted in the practice information leaflet.

Patients were sent text message reminders prior to upcoming appointments.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice offered out of hours emergency appointments between 9:00am and 11:00am every weekend and bank holiday. Outside these hours patients were signposted to the NHS 111 out of hour's service.

The practice information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The management team was responsible for dealing with these. Staff told us they would tell a member of the management team about any formal or informal comments or concerns straight away so patients received a quick response.

We were told they aimed to settle complaints in-house. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The service had received one complaint in the previous 12 months. Review of the documentation showed the practice responded to concerns appropriately.

Are services well-led?

Our findings

Leadership capacity and capability

The management had the capacity and skills to support high-quality, sustainable care.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Managers at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of high-quality sustainable care.

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

The practice focused on the needs of patients.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

The organisation was currently going through a period of change and new management arrangements were in place.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff were not aware who individual leads were within the practice. For example, the infection control lead and the safeguarding lead.

Governance procedures were currently a work in progress. We noted the consent policy lacked detail regarding the MCA. There was no policy in place for the reporting of significant events. There was not an effective system in place to monitor staff training.

Improvements could be made to the process for managing risks. For example, the fire risk assessment stated that emergency lighting was available in the practice. This was not the case. In addition, there was domestic cleaning products stored in an unlocked cupboard in a public area.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain staff and patients' views about the service. Patient feedback was positive.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Improvements could be made to the process for carrying out these audits. For example, the infection prevention and control audit had not highlighted the issues we found on the day of inspection and the radiography audit was not clinician specific.

The practice owners showed a commitment to learning and improvement. They organised regular in-house training on topics such as safeguarding and medical emergencies.

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life

Are services well-led?

support training annually. We noted some CPD folders were not available on the day of inspection so we could not ascertain whether these staff had completed their training. We were told this was because these staff members were new. In addition, there were some gaps in safeguarding

training. There was no evidence of safeguarding training for one member of staff and another was due to be completed again. This had not been identified by an effective process to monitor staff training.