

Mr. Robert Kynman

Halifax Road Dental Care

Inspection report

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Date of inspection visit: 17/08/2022
Date of publication: 30/09/2022

Overall summary

We carried out this announced focused inspection on 17 August 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

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

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice's infection control procedures did not fully align with published guidance. Improvements were made immediately after the inspection and supporting evidence sent to us.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership.
- Improvements could be made to the practice's audit systems.
- Improvements could be made to develop staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The practice had information governance arrangements.

Background

The provider has two practices and this report is about Halifax Road Dental Care.

Halifax Road Dental Care is in Sheffield and provides NHS dental care and treatment for adults and children.

There is level access at the rear of the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available to the rear of the practice and on local roads.

The dental team includes three dentists, seven dental nurses (one is a trainee dental nurse), one dental therapist, one dental hygienist and one receptionist. The practice has three treatment rooms.

During the inspection we spoke with one dentist, three dental nurses, the dental hygienist and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday 8am – 5pm and Friday 9am – 2pm.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry
- Take action to ensure audits, where appropriate, have documented learning points and the resulting improvements can be demonstrated
- Improve and develop staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

| | | |
|-------------------------|-----------|---|
| Are services safe? | No action | ✓ |
| Are services effective? | 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 gave good examples of the signs and symptoms of abuse and neglect and knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable.

The practice had infection control procedures which mostly reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. We noted improvements could be made to fully align with guidance, for example:

- Instrument transportation boxes were not clearly labelled to distinguish between clean and dirty instruments
- Heavy duty gloves, used to clean instruments were not replaced in line with guidance
- Lint free cloths were not in use to dry sterilised instruments

Evidence was sent to us after the inspection to confirm these concerns had been addressed.

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 saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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 sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance. Staff told us they carried out a daily visual check on the automated external defibrillator and oxygen cylinder to ensure the equipment was fit for use; this was not being recorded. Evidence was sent after the inspection to confirm a daily record was now in place.

The service had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. We noted, not all staff records were in place. The practice took immediate action to ensure the effectiveness of the vaccination was checked for all staff. Supporting evidence was sent to us after the inspection.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were 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

The practice had systems for appropriate and safe handling of medicines. We noted there was no system in place to ensure all prescriptions could be monitored and tracked. This was addressed during the inspection.

Antimicrobial prescribing audits were not currently carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

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.

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.

Staff understood their responsibilities under the Mental Capacity Act 2005.

We noted staff could improve and develop their awareness of Gillick competency to ensure all staff were aware of their responsibilities in relation to this.

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 in line with recognised guidance.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took.

The practice carried out monthly radiography audits. We noted radiographic audits did not include action plans for learning and improvement. We discussed this with the provider to ensure they aligned with guidance and legislation.

Effective staffing

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

Newly appointed staff had a structured induction and 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.

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

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.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any major issues or omissions. Areas where we found improvements could be made were acted upon without delay and supporting evidence sent to us where appropriate.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. Dental nurses had completed post qualification extended duties in radiography, fluoride application, impression taking and oral education. Where possible the provider utilised these additional duties within the practice.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

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

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. We noted the radiographic and record keeping audits did not include action plans for learning and improvement, we discussed this with the provider to ensure they aligned with guidance and legislation. The provider assured us this would be addressed.