

Clough Dental Surgery

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Inspection Report

Bolton Brow
Sowerby Bridge
West Yorkshire
HX6 2AL
Tel: 01422 834392
Website:

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Overall summary

We carried out this announced inspection on 15 July 2019 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 not providing well-led care in accordance with the relevant regulations.

Background

Clough Dental Surgery is in Sowerby Bridge and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes three dentists, six dental nurses (two of who are trainees), two dental hygienists and a practice manager. The practice has three treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the

Summary of findings

Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Clough Dental Surgery is the principal dentist. The other partner has now retired and has no responsibility for the running of the service. We advised the registered manager of the need to review their registration.

On the day of inspection, we collected 49 CQC comment cards filled in by patients.

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

The practice is open:

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures in place. Improvements could be made to some of these procedures.
- Staff knew how to deal with emergencies. On the day of inspection not all medical emergency equipment was available as described in nationally recognised guidance. The pads for the automated external defibrillator (AED) had passed their use by date.
- Improvements could be made to the process for managing the risks associated with the carrying on of the regulated activities. These include the risks associated with Legionella, fire and the control of substances hazardous to health.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures in place. Improvements could be made to the process for checking medical indemnity for the clinicians.
- 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.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulation the provider was not meeting are at the end of this report.






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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

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?	Requirements notice	

Are services safe?

Our findings

We found that 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)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider had a whistleblowing policy. We noted that this policy did not include any details of external organisations who staff could contact if they had concerns. We were told that this would be updated accordingly. Staff felt confident they could raise concerns without fear of reprimand.

We were told that not all of the dentists routinely used rubber dam when providing root canal treatment. We were told that other techniques were used to protect the airway. We discussed the use of rubber dam with the registered manager.

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

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. The recruitment policy did not make reference to the need to obtain photographic identification. We looked at six staff recruitment records. We noted there was no evidence of up to date medical indemnity for any of the clinicians with the exception of one dental hygienist.

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

Staff ensured that that equipment was maintained according to manufacturers' instructions. We asked if a fixed wire test had been completed. We saw evidence of one which had been completed in March 2009. This had advised that it should be completed again in five years. An up to date test had not been completed.

A fire risk assessment had been carried out. Records showed that firefighting equipment were regularly checked and serviced. We asked if regular checks of the smoke alarms were carried out and we were told that these were done every few months. The health and safety policy stated that these would be checked every week on a Monday. In addition, there was emergency lighting within the practice. We asked if any checks were carried out on these. We were told they were not checked.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. We saw evidence that the X-ray machines had been tested at the appropriate intervals.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits following current guidance and legislation. We noted that the most recent X-ray audit was not clinician specific. We were told that this would be completed for each clinician at the next audit.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

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

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. We noted that this risk assessment did not include steps to reduce the chance of injury from other sharp instruments such as matrix bands. In addition, there were no sharps injury protocols displayed in the surgery or decontamination room.

Are services safe?

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, and that the effectiveness of the vaccination was checked.

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

During the inspection we checked the emergency equipment and medicines. We noted some emergency equipment was missing. These included sizes 0, 1 and 4 oro-pharyngeal airways. The adult and children's pads for the AED had also passed their expiry date. The aspirin in the medical emergency medicine kit was 75mg as oppose to 300mg. We were later sent evidence that these issues had been addressed.

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

The provider held a selection of risk assessments for substances which are hazardous to health. Not all substances within the practice had been risk assessed and there were no material safety data sheets.

The provider 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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training.

Staff described the end to end process for decontaminating and sterilising used dental instruments. We were told that there was no system in place to ensure the heavy-duty gloves worn whilst manually cleaning used instruments were changed on a weekly (or more frequent) basis. The practice had two autoclaves. One was a non-vacuum autoclave and the other was a vacuum one. Staff described the process for validating the non-vacuum autoclave and we saw a log book for this. We asked staff about what daily validation tests were carried out on the vacuum autoclave. They were unable to describe or demonstrate that the tests as laid out in HTM 01-05 were carried out.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

A Legionella risk assessment had been carried out in January 2015. We saw that there were some recommendations including the need to record monthly hot and cold-water temperatures. We asked staff if this had been done. They confirmed that it had not been done. We saw that a conditioning agent was used in the dental unit water lines to reduce the likelihood of a biofilm developing. Staff also flushed the dental unit water lines in accordance with guidance laid out in HTM 01-05.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that the practice did not have any sanitary disposal facilities in the toilets. This had been identified in the most recent infection prevention and control audit. No action had been taken to address this.

The service carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards but had not identified the heavy-duty gloves were not changed on a weekly basis and there were no validation tests for the vacuum autoclave.

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 complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) 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

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

Are services safe?

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons identified themes and acted to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

We found that 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 practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' 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 dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The clinicians where applicable, discussed smoking 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.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice and recording detailed charts of the patient's gum condition

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff 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 dentists gave patients information about treatment options and the

risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff 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 the practice audited patients' dental care records to check that the dentists/clinicians 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 programme. We confirmed clinical staff completed the 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

Are services effective?

(for example, treatment is effective)

The provider also had systems 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.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

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 professional, caring and friendly. Many patients commented that they had been coming to the practice for many years and travelled a long distance to receive treatment. 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. Patients could choose whether they saw a male or female dentist.

Privacy and dignity

Staff 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 some privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff 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 to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpretation services were available for patients who did speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand. The practice had a magnifying glass available for patients who may benefit from it.

Staff gave patients clear information to help them make informed choices about their treatment. 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 information leaflet 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 models, pictures and X-ray images which could be shown to the patient and/or relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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. It took account of patient needs and preferences.

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

Patients described high levels of satisfaction with the responsive service provided by the practice. Many patients had been coming to the practice for several years and staff described a culture of familiarity with the patients which helped them feel at ease, especially for those patients who were nervous about dental treatment.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a magnifying glass and a ground floor toilet.

Patients could request to receive text message reminders prior to their appointments. For patients without a mobile phone then staff would offer other means to remind them of appointments for example by telephone.

Timely access to services

Patients could 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 information leaflet.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients 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. Patients confirmed that they could access the care they needed in a timely manner.

Patients requiring emergency dental treatment outside normal working hours were signposted to the NHS 111 out of hour's service.

The practice's 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 provider had a policy providing guidance to staff on how to handle a complaint. Whilst information on how to make a complaint was available within the practice's information leaflet, we noted that the complaints policy or procedure was not displayed in the waiting room.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at complaints the practice received in the previous 12 months.

These showed the practice responded to concerns appropriately.

Are services well-led?

Our findings

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Culture

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

The staff focused on the needs of patients.

We saw the provider took effective action to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The principal dentist 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 knew the management arrangements and their roles and responsibilities.

Systems and processes were not working effectively to ensure the risks associated with the carrying out of the regulated activities were appropriately managed:

- The systems to ensure the practice kept up to date records of the clinician's medical indemnity was not effective.
- The systems and processes in place to manage the risks associated with fire were not effective. There were no documented checks of the smoke alarms and checks on the emergency lighting was not carried out. A fixed wire test had not been carried out since 2009.
- The systems and processes in place to manage the risks associated with Legionella were not effective.

Recommendations made in the Legionella risk assessment had not been addressed. Monthly water temperature testing was not carried out and the pipes coming out of the boiler had not been insulated.

- The systems and processes in place to ensure medical emergency equipment reflected nationally recognised guidance was available and in date was not effective. There were items missing from the medical emergency equipment kit and the adult and children's pads for the AED had passed their expiry date.
- Not all hazardous substances had been risk assessed and there were no material safety data sheets available.

Appropriate and accurate information

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

The provider used verbal comments to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

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

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We noted the radiography audit was not clinician specific and the infection prevention and

Are services well-led?

control audit had not identified the issues we found on the day of inspection. In addition, the infection prevention and control audit had identified that there were no sanitary disposal facilities in the toilets. This had not been addressed.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff did not receive regular appraisals of their performance. We were told that they could approach the practice manager or principal dentist with any training requirements or performance needs.

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

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The system in place for ensuring medical emergency equipment is in date and available as described in nationally recognised guidance was not effective.• The systems and processes in place for ensuring the risks associated with fire were appropriately managed were not effective.• The systems and processes in place for ensuring the risks associated with Legionella were appropriately managed were not effective.• Risk assessments had not been carried out for all hazardous substances held within the practice. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The infection prevention and control audit had not identified that heavy duty gloves were not changed on a weekly basis.• The infection prevention and control audit had identified that there were no sanitary disposal facilities in the toilets. This had not been addressed.

Requirement notices

- The radiography audit had not been completed for each dentist.

There was additional evidence of poor governance. In particular:

- The systems and processes in place for ensuring the service maintained up to date records of clinician's medical indemnity were not effective.
- Staff were not familiar with the daily validation testing of the vacuum autoclave.
- There were no sharps injury protocols displayed in the surgeries or decontamination room.
- There was no complaints policy or procedure displayed in the waiting room.
- Staff had not received an appraisal.

Regulation 17 (1)