

Levine & Leslie Dental Surgeons

Levine & Leslie Dental Surgery

Inspection Report

562 Scott Hall Road
Leeds
West Yorkshire
LS7 3RD
Tel: 0113 2683137
Website: www.northleedsdental.com

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Overall summary

We carried out this announced inspection on 28 August 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 not 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

Levine & Leslie Dental Surgery is in Leeds and provides private treatment to adults and children.

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

Summary of findings

The dental team includes the principal dentist, an associate dentist, two dental nurses, a dental hygienist and a receptionist. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the 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 Levine & Leslie Dental Surgery is the principal dentist.

On the day of inspection, we collected 10 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist, one dental nurse, a locum dental nurse 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 Friday from 9:00am to 5:30pm

Our key findings were:

- The practice appeared clean.
- Improvements could be made to the process for ensuring equipment is maintained appropriately.
- Improvements could be made to the infection control procedures to bring them fully in line with published guidance.
- Staff knew how to deal with emergencies. The contents of the medical emergency kit did not reflect nationally recognised guidance.
- Improvements could be made to the risk management process associated with the carrying out of the regulated activities.

- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvements could be made to 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.
- 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 had suitable information governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations 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 protocols regarding auditing patient dental care records to check that necessary information is recorded.

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?	Requirements notice	✗
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 not providing safe 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. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

Safety systems and processes, including staff recruitment, equipment and 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 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. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, other methods were used to protect the airway.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at the staff recruitment record for a newly employed clinical member of staff. The Disclosure and Barring Service (DBS) check was more than three months old at the point of employment and there was no

risk assessment in place to manage the risks associated with this. After the inspection we were sent evidence that a basic DBS check had been carried out on this member of staff. Clinical staff should have an enhanced DBS check.

In addition, we were told that an associate dentist was working at the practice. On the day of inspection there was no evidence of any recruitment documentation for the associate dentist. We were later sent evidence of recruitment documentation relating to this dentist.

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

During the inspection we asked to see evidence of how the provider maintained facilities to ensure they were safe. We saw that there had been a fixed wire installation test carried out and the recommendations which had been identified from this had been actioned. We asked to see the gas safety certificate. Staff were unable to show us that the boiler had been checked to ensure it was safe to use. We were later sent evidence that a gas safety check had been carried out after the inspection.

The dental practice had two autoclaves. Records confirmed that one had been subject to a pressure vessel inspection. We asked to see evidence of a pressure vessel inspection for the second autoclave. Staff were unable to provide this. Records showed the last pressure vessel test for the second autoclave was from September 2017.

We were told that a new compressor had been installed, which was purchased from a hardware store. We asked the registered manager if they had checked whether this compressor would be suitable for medical use and if it had been installed by a competent person. They were unable to provide evidence that this had been done. We were later sent evidence that the new compressor had been bought and installed by a competent person.

A basic fire risk assessment had been carried out. During the inspection we noted that there was no fire detection system in the premises such as smoke detectors or a fire alarm. In addition, we asked staff if a fire drill had been carried out and we were told that one had not been completed recently. We confirmed that the fire extinguishers had been serviced in October 2018. We were later sent evidence that a fire risk assessment had been completed by an external organisation and they were working towards completing the required actions.

Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. We asked the registered manager if they had notified the Health and Safety Executive about the use radiation to comply with the Ionising Radiations Regulations 2017 (IRR17). They were unable to demonstrate that they had. We were later sent evidence that they had registered after the inspection. We asked the registered manager if they had access to a radiation protection advisor. They were unable to demonstrate that they would be able to contact one.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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.

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 we saw evidence that staff had completed training in emergency resuscitation and basic life support (BLS) every year.

Not all emergency equipment and medicines were available as described in recognised guidance. The aspirin was not dispersible, there was no child sized self-inflating bag and there was only one oxygen mask. In addition, the glucagon was not stored in a temperature-controlled environment and the date had not been adjusted according to manufacturer's guidance. We were later sent evidence that the missing items had been ordered.

A dental nurse worked with the dentist and the dental hygienist when they treated patients in line with General Dental Council (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.

The practice occasionally used locum staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The provider had an infection prevention and control policy and procedures. These reflected 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.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. Improvements could be made to these processes. There was only one sink in each surgery where manual cleaning was carried out. There was no additional sink or bowl available to rinse the instruments after scrubbing. Staff did not monitor the temperature of the solution used for manually cleaning instruments. Heavy duty gloves worn whilst manually scrubbing used instruments were not changed on a weekly basis or more frequently. A disposable apron was not worn by staff when carrying out decontamination processes.

We were only provided with evidence of infection prevention and control training for two out of five clinical members of staff.

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.

We saw cleaning schedules for the surgeries. The practice was visibly clean when we inspected. We noted that there was only one mop for the practice even though there were different areas such as wash rooms, clinical areas and a kitchen area.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

Staff carried out infection prevention and control audits twice a year. The latest audit had not identified the issues we identified on the day of inspection. These included no second bowl or sink for manually cleaning instruments and

Are services safe?

no temperature monitoring of the solution used for manually cleaning instruments. In addition, heavy duty gloves were not changed on a weekly basis and not all staff followed the “arms bare below the elbow” guidance.

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

The provider had reliable systems for appropriate and safe handling 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 and Lessons learned and improvements

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 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.

We asked the registered manager if there was a system in place for receiving and acting on safety alerts. They were unaware of these.

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

We saw that dentist 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 dentist where applicable, 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.

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 the dental hygienist 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 dentist understood the importance of obtaining and recording patients' consent to treatment. The dentist told us that they 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. We noted that discussions about the treatment options and the risks and prognosis of the proposed treatment were not documented in patient care records we reviewed. The registered manager agreed that more detail of the consent process needed to be recorded.

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

We saw the practice audited patients' dental care records to check that the dentist 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. On the day of inspection there was limited evidence that all staff were up to date with their training requirements. There was no evidence of any training certificates for the associate dentist. In addition, only two members of staff had completed infection prevention and control training.

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.

Are services effective?

(for example, treatment is effective)

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

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.

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 helpful, caring and excellent. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

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 privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room.

Staff stored patients dental care records securely in lockable cabinets.

Involving people in decisions about care and treatment

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

requirements under the Equality Act. We saw:

- Interpreter services could be made available for patients who did speak or understand English.
- Staff communicated with patients in a way that they could understand.

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. The 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 X-ray images which could be shown to the patient 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.

The practice had made reasonable adjustments for patients with disabilities. These included a portable ramp for people who use wheelchairs and those with pushchairs. There were toilet facilities on the ground floor but these would not be suitable for patients using a wheelchair. The ground floor treatment rooms were large enough to accommodate a wheelchair or a pram.

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 on their website.

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.

There was a system in place for patients requiring emergency dental treatment outside normal working hours.

The practice's website 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 registered manager 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. The practice information leaflet explained how to make a complaint.

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

The registered 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 registered manager had dealt with their concerns.

In the previous 12 months no complaints had been received.

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.

Staff were aware of and there were systems in place 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. 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. Systems and processes were not working effectively. For example:

- Ensuring equipment is maintained according to manufacturer's guidance. Staff were unable to demonstrate the boiler had been serviced and one of the autoclaves had not been pressure vessel tested since September 2017.
- Ensuring equipment is safe for use in the dental environment. The registered manager was unable to demonstrate that the compressor had been installed by a competent person.
- Ensuring medical emergency equipment and medicines reflect nationally recognised guidance.
- Ensuring infection control processes reflect nationally recognised guidance.

- Ensuring the risks associated with fire were appropriately managed.
- Ensuring appropriate recruitment checks are carried out. On the day of inspection, there was no evidence of recruitment documentation for one member of staff.
- There was no system in place to receive national patient safety and medicines alerts from authority bodies, such as the Medicines and Healthcare Products Regulatory Authority (MHRA).

Appropriate and accurate information

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 patient surveys to obtain patients' views about the service. We reviewed a selection of comments from patients. These were all positive.

The provider gathered feedback from staff through meetings and 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 some quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We noted that the infection prevention and control audit did not reflect our findings on the day of inspection.

The system in place to monitor staff training was not effective. On the day of inspection there was limited evidence that all staff were up to date with their training requirements. We were only provided with evidence of infection prevention and control training for two out of five clinical members of staff. There was no evidence of any training certificates for the associate dentist.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• There were no fire detection devices in the premises.• Staff were unable to demonstrate that one of the autoclaves had been subject to a pressure vessel inspection or validated by a competent person since 2017.• Staff were unable to provide evidence of a current gas safety certificate for the boiler.• Infection prevention and control processes did not reflect nationally recognised guidance.• The provider did not ensure that the compressor was the correct type for medical use or if it had been installed by a competent person prior to use.• There was no system in place to receive patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">• The medical emergency medicine and equipment kit did not reflect nationally recognised guidance.• Environmental cleaning process was not in line with nationally recognised guidance. <p>Regulation 12(1)</p>

Regulated activity	Regulation
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Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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.

How the regulation was not being met:

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:

- There were ineffective systems in place to ensure medical emergency equipment and medicines reflect nationally recognised guidance.
- The system in place to ensure the risks associated with fire were appropriately managed was not effective.
- The system in place to ensure equipment is maintained according to manufacturer's guidance was not effective.
- The infection prevention and control audit had not raised the concerns we identified during the inspection.
- There were ineffective systems in place for ensuring the registered provider maintained recruitment documentation for staff.

There was additional evidence of poor governance. In particular:

- The system in place to monitor and ensure staff were up to date with continuous training and development requirements was not effective.

Regulation 17(1)