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Yorkshire Dental Suite

Inspection Report

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Overall summary

We carried out this announced inspection on 26 June 2017 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

Yorkshire Dental Suite is in Leeds and provides private treatment to adults and children. Services include dental implants, conscious sedation and minor oral surgery.

There is level access for people who use wheelchairs and pushchairs. The practice has a dedicated car park which includes one space for disabled badge holders.

The dental team includes five dentists, one dental hygienist and therapist, two dental nurses and a locum dental nurse. The dental nurses also cover reception duties. The practice has two treatment rooms, a recovery room, a decontamination room and an X-ray room.

Summary of findings

The practice is owned by an individual who is the principal dentist. 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 46 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open:

Monday and Friday from 9:00am to 6:00pm

Tuesday and Thursday from 8:00am to 5:30pm

Wednesday from 9:00am to 8:00pm

Saturday – by appointment only

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of a second oxygen cylinder as the practice provided conscious sedation.
- The practice had systems to help them manage risk. Improvements could be made to the management of fire risks.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures. Improvements could be made to the process for acquiring Disclosure and Barring Service (DBS) checks at the point of employment.
- The practice could improve the process and procedures for the use of the cone beam computed tomography (CBCT) machine.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided.
- The practice had an effective complaints procedure in place.

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

- Review availability of sufficient oxygen giving due regard to guidelines issued by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care "Report of an expert group on sedation for dentistry" (Department of Health 2003).
- Review the current fire risk assessment and implement the required actions including weekly fire alarm tests and bi-annual fire drills.
- Review the protocols and procedures for use of the CBCT scanner / imaging equipment giving due regard to the HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam CT (Computed Tomography) equipment in having quality assurance measures for the use of the Cone Beam Computed Tomography scanner (CBCT).
- Review the practice's recruitment policy and procedures to ensure DBS checks are sought at the point of employment.
- Review the process for documenting consent when using social media.

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

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

The practice had systems and processes to provide safe care and treatment. Improvements could be made to the management of fire risks.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks. The process for obtaining Disclosure and Barring Service (DBS) checks at the point of employment could be improved.

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. The practice only had one emergency oxygen cylinder. The Standing Dental Advisory Committee: conscious sedation in the provision of dental care "Report of an expert group on sedation for dentistry" states that a backup oxygen cylinder should be available in premises which carry out conscious sedation. We were later sent evidence a back up oxygen cylinder had been ordered.

The protocols and processes for the use of the CBCT machine could be improved.

Are services effective?

No action

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 very good, professional and responsive. 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. There was an effective process in place for receiving referrals from other dental care professionals.

The practice supported staff to complete training relevant to their roles.

Are services caring?

No action

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

We received feedback about the practice from 46 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, caring and responsive. They said that they were given honest, detailed and realistic explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

The practice had an active presence on social media. The process for obtaining patient consent for the use of videos on social media could be improved.

Patients said staff treated them with dignity and respect.

Summary of findings

Are services responsive to people's needs?

No action

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

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 interpreter services and had arrangements to help patients with sight or hearing loss.

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

Are services well-led?

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available. We noted the practice only had one emergency oxygen cylinder. The Standing Dental Advisory Committee: conscious sedation in the provision of dental care "Report of an expert group on sedation for dentistry" states that a backup oxygen cylinder should be available in premises which carry out conscious sedation. We were later sent evidence a back up oxygen cylinder had been ordered.

The staff kept records carried out regular checks to make sure the equipment and medicines were available, within their expiry date and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at seven staff recruitment files. These showed the practice had generally followed their recruitment procedure. We noted that some DBS checks had been carried out recently. We discussed this with the principal dentist who informed us they had recently realised this was an issue. They had subsequently applied for all staff that did not have a valid DBS check. We were assured a more robust process would be put in place to ensure these checks were done at the point of employment.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had a fire risk assessment. We noted there was no evidence that six monthly fire drills or monthly alarm tests had been carried out. However, staff we spoke with were familiar with the fire evacuation process and it was clearly displayed. We were assured that fire alarm tests and drills would be carried out as documented in the fire risk assessment.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienist and therapist when they treated patients.

Infection control

Are services safe?

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff had completed infection prevention and control training.

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

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

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

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

Radiography (X-rays)

The practice had some arrangements to ensure the safety of the X-ray equipment. Improvements could be made to the processes. For example, the local rules were generic and did not reflect that there were two entrances to one of the treatment rooms.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice had carried out X-ray audits following current guidance and legislation.

The practice had a cone beam computed tomography (CBCT) scanner. CBCT is an X-ray based imaging technique which provides high resolution visualisation of bony anatomical structures in three dimensions. There was no written policy or protocol for the use of the CBCT machine. The monthly quality assurance tests had not been completed in line with the HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam CT. We discussed this guidance in depth with the principal dentist and we were told the protocols for the use of the CBCT machine would be produced and that it would be quality assured and operated in line with the published guidance.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure and the oxygen saturation of the blood

A dental nurse with appropriate additional training supported the dentist whilst treating patients under sedation. A second dental nurse was also available to assist the procedure.

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit.

The dentists 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 for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale.

Staffing

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

Working with other services

The practice accepted referrals from other dentists. Dentists were able to make referrals in a number of different ways including by letter or on-line. We saw the practice had an effective system in place to monitor and manage these referrals.

Most treatments were carried out in house. In some instances patients would be referred to secondary care for further treatment. These included patients who were not medically fit for conscious sedation in a primary dental service and 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. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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. For complex procedures, detailed letters were sent to patients outlining the process involved with the treatment including the costs and associated risks. Signed consent was obtained at the assessment appointment for those undergoing conscious sedation.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their

Are services effective?

(for example, treatment is effective)

responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

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

The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Music was played in the reception and waiting area which provided an element of auditory privacy. 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 personal information where other patients might see it.

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

The practice used social media for marketing purposes. Patient testimonials and case presentations were frequently posted on social media sites. We were told signed consent was always sought from patients before any videos or photos were posted. We reviewed a selection of these consent forms. We identified on one occasion where explicit consent had not been sought to post a video of a patient on social media. We discussed this with the principal dentist and we were assured that explicit consent would always be sought.

Involvement in decisions about care and treatment

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. These included general dentistry, treatments for gum disease and more complex treatment such as dental implants and conscious sedation.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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.

Patients were sent a text message the day before their appointment as a reminder. We also saw that patients who had undergone any surgical procedure were contacted the next day to see if they were having any problems.

Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, automatic doors, a hearing loop, a dedicated parking space for disabled badge holders and an accessible toilet with hand rails and a call bell.

They had access to interpreter services which included British Sign Language and braille. Many members of staff were also multilingual. Other languages spoken within the practice included Arabic and Urdu.

Access to the service

The practice displayed its opening hours in the premises and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The 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.

Concerns & complaints

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

The principal dentist told us they 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 dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. These showed the practice responded to concerns in a timely manner.

Are services well-led?

Our findings

Governance arrangements

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.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurse told us told us that the principal dentist was encouraging them to complete training to assist whilst placing dental implants.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used a comment book and social media to obtain patients' views about the service. We reviewed the feedback which had been left. It was very positive about the service being provided at the practice.